



**Oregon Health Plan Report of Results for
PacificSource - Central Oregon (Child Population)
2023 (MY2022) 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 2023

2023 SURVEY FIELDING UPDATES

SAMPLE SIZE

To increase the number of completed surveys for analysis, OHA increased the overall sample budget from 48,000 in 2022 to 92,000 in 2023. This year OHA's methodology used a sample size of 2,250 for Adult Medicaid samples, 2,250 for Child Medicaid samples, and 700 for Child Medicaid with Chronic Conditions samples.

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 added and updated various questions to further understand the background of members enrolled in Oregon Health Plans. This includes further details on the longevity of conditions that members may be suffering from, the primary languages that members speak at home, and the gender and sexuality preferences of members.

UPDATES TO THE 2023 OHA CAHPS SURVEY RESULTS REPORT

The following updates were made for the 2023 CAHPS Results Reports:

- Updates to the *Member Profile and Analysis of Plan Ratings by Member Segment* section for a revised gender identity survey item.
- Additional analyses of *Access to Dental Care*.
- Refreshed *CSS Key Driver Model* using CSS's Book-of-Business data collected over the past two years.
- An updated *Health Plan Quality Improvement Resource Guide*.

ABOUT THIS REPORT

The key features of this 2023 CAHPS report, prepared by CSS for PacificSource - Central Oregon, 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 Measurement Year 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 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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied.
- Throughout the report, the 2023 PacificSource - Central Oregon survey results are compared to the 2023 State OHP Average. The 2023 State OHP Average 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 PacificSource - Central Oregon 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 2023 PacificSource - Central Oregon 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 2023 PacificSource - Central Oregon QSRs and global proportions are compared to the 2023 State OHP Average 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 2023 PacificSource - Central Oregon 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.
- *Access to Dental Care* compares the 2023 PacificSource - Central Oregon respondent profile to the relevant State Oregon Health Plan distribution(s) for access to dental care survey items.

- *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 2023 PacificSource - Central Oregon results on each key driver are compared to the highest score among all the Child CCOs contributing to the 2023 State OHP Average, 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 PacificSource - Central Oregon *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; and
 - A copy of the survey instrument.

EXECUTIVE SUMMARY

CSS administered the Child Medicaid with CCC Measure version of the 2023 CAHPS Health Plan Survey for the Oregon Health Authority on behalf of PacificSource - Central Oregon between January 4 and April 5, 2023.

The final survey sample for PacificSource - Central Oregon included 2,950 members (2,250 from the general population and 700 from the CCC population). During the survey fielding period, 298 general population sample members completed the survey. After final survey eligibility criteria were applied, the resulting response rate was 13.42 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 125 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

The findings presented in this section are based on the rates of PacificSource - Central Oregon Child sample members rating their experience favorably (i.e., 8, 9, or 10 for the overall rating questions and *Usually* or *Always* for all other CAHPS measures).

STATISTICALLY SIGNIFICANT IMPROVEMENTS OR DECLINES COMPARED TO 2022

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
2023 State OHP Average	
Rating of All Health Care (by 9.24 points) Rating of Health Plan (by 6.31 points)	None

TOP PRIORITIES FOR QUALITY IMPROVEMENT

CSS's *Key Driver Analysis* identifies the key member experience touch points that shape members' overall assessment of the health plan, as captured by the *Rating of Health Plan* question at the end of the survey. To the extent that the plan can improve these experiences, the overall rating of the plan will reflect these gains. Below are the top five quality improvement opportunities that will result in the largest incremental gains in the *Rating of Health Plan* measure for PacificSource - Central Oregon.

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

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. 2023 PACIFCSOURCE - CENTRAL OREGON CHILD MEDICAID OHA CAHPS SURVEY: RESULTS AT A GLANCE

CAHPS 5.0H Survey Measures		Global Proportions and Question Summary Rates						Valid Responses			2023 State OHP Average	
		2021		2022		2023	2021	2022	2023	Rate	Point Diff.	
		Rate	Point Change	Rate	Point Change	Rate						
Overall Ratings (% 8, 9, or 10)	Q9. Rating of All Health Care	87.39%	[+1.95]	87.50%	[+1.84]	89.34%	119	104	197	80.10%	[+9.24] ★	
	Q36. Rating of Personal Doctor	87.11%	[-1.34]	89.76%	[-3.99]	85.77%	194	127	253	85.97%	[-0.20]	
	Q43. Rating of Specialist Seen Most Often	NR	[--]	NR	[--]	89.66%	29	27	58	80.96%	[+8.70]	
	Q49. Rating of Health Plan	83.33%	[+2.13]	91.28%	[-5.81]	85.47%	216	149	289	79.15%	[+6.31] ★	
Overall Ratings (% 9 or 10)	Q9. Rating of All Health Care	73.95%	[-12.02] ★	67.31%	[-5.38]	61.93%	119	104	197	57.61%	[+4.32] ★	
	Q36. Rating of Personal Doctor	71.13%	[-1.17]	74.80%	[-4.84]	69.96%	194	127	253	69.63%	[+0.33]	
	Q43. Rating of Specialist Seen Most Often	NR	[--]	NR	[--]	74.14%	29	27	58	64.81%	[+9.33]	
	Q49. Rating of Health Plan	65.28%	[+1.50]	67.79%	[-1.00]	66.78%	216	149	289	60.48%	[+6.31]	
Getting Needed Care (% Always or Usually)	Getting Needed Care Composite	83.72%	[-1.09]	84.89%	[-2.27]	82.63%	76	67	130	77.73%	[+4.90]	
	Q10. Easy to get needed care	92.44%	[-2.18]	90.48%	[-0.22]	90.26%	119	105	195	85.75%	[+4.50]	
	Q41. Easy to see specialists	75.00%	[0.00]	NR	[--]	75.00%	32	29	64	69.70%	[+5.30]	
Getting Care Quickly (% Always or Usually)	Getting Care Quickly Composite	90.18%	[-3.87]	88.05%	[-1.74]	86.31%	67	68	139	84.22%	[+2.09]	
	Q4. Got urgent care as soon as needed	NR	[--]	87.80%	[-0.44]	87.37%	21	41	95	86.99%	[+0.38]	
	Q6. Got routine care as soon as needed	80.36%	[+4.89]	88.30%	[-3.05]	85.25%	112	94	183	81.45%	[+3.80]	
How Well Doctors Communicate* (% Always or Usually)	How Well Doctors Communicate Composite	96.33%	[-1.37]	92.22%	[+2.74]	94.96%	109	90	174	93.40%	[+1.57]	
	Q27. Doctor explained things	97.25%	[-0.70]	94.44%	[+2.11]	96.55%	109	90	174	94.27%	[+2.28]	
	Q28. Doctor listened carefully	97.25%	[-0.14]	93.33%	[+3.78]	97.11%	109	90	173	94.27%	[+2.84]	
	Q29. Doctor showed respect	97.25%	[-0.72]	96.67%	[-0.13]	96.53%	109	90	173	96.07%	[+0.46]	
	Q32. Doctor spent enough time	93.58%	[-3.92]	84.44%	[+5.21]	89.66%	109	90	174	88.98%	[+0.68]	
Customer Service (% Always or Usually)	Customer Service Composite	87.88%	[+2.95]	91.94%	[-1.10]	90.83%	33	31	60	89.63%	[+1.21]	
	Q45. Provided needed information/help	81.82%	[+4.85]	90.32%	[-3.66]	86.67%	33	31	60	84.23%	[+2.43]	
	Q46. Treated with courtesy/respect	93.94%	[+1.06]	93.55%	[+1.45]	95.00%	33	31	60	95.02%	[-0.02]	
Additional Content Areas	Q35. Coordination of Care (% Always or Usually)	84.21%	[+1.50]	87.80%	[-2.09]	85.71%	38	41	91	82.47%	[+3.25]	
Children with Chronic Conditions Measures	. Access to Prescription Medicines	93.18%	[-0.08]	87.23%	[+5.87]	93.10%	88	47	87	86.91%	[+6.19]	
	. Access to Specialized Services	76.10%	[+3.88]	NR	[--]	79.99%	40	24	38	65.62%	[+14.37]	
	. Getting Needed Information	94.85%	[-3.45]	92.06%	[-0.67]	91.40%	97	63	93	89.26%	[+2.13]	
	. Personal Doctor Who Knows Child	94.18%	[-7.82]	90.46%	[-4.10]	86.36%	93	59	88	87.10%	[-0.74]	
	. Coordination of Care for Children With Chronic Conditions	76.80%	[-6.32]	NR	[--]	70.48%	38	26	46	74.26%	[-3.78]	

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Calculation and Reporting of Results

All rates were calculated by CSS following NCOA 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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied.

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.

SURVEY METHODOLOGY

SURVEY PROTOCOL AND TIMELINE

CSS administered the Child Medicaid with CCC Measure version of the 2023 CAHPS Health Plan Survey for the Oregon Health Authority on behalf of PacificSource - Central Oregon 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 mailed on January 4;
- An initial questionnaire with cover letter mailed on January 11;
- A replacement questionnaire with cover letter mailed on February 8;
- 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 6; and
- Close of data collection on April 5, 2023.

SURVEY MATERIALS

The survey instruments (both English and Spanish) used for PacificSource - Central Oregon are provided in the Appendix. CSS designed the survey following instructions from OHA and the NCQA specifications detailed in *HEDIS Measurement Year 2022, Volume 3: Specifications for Survey Measures and Quality Assurance Plan for HEDIS MY 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 29 additional questions added by OHA. These included questions on cultural competency, access to dental care, access to interpreter services, and SOGI/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 PacificSource - Central Oregon. 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, 2022; 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 PacificSource - Central Oregon included 2,950 members (2,250 from the general population and 700 from the CCC population).

DATA CAPTURE

Returned mail questionnaires were recorded using optical scanning. If the scanning technology was unable to identify the specific response option selected with a predefined degree of certainty, trained data entry operators were employed to ensure that each such response was accurately recorded. 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, 298 general population sample members completed the survey. After final survey eligibility criteria were applied, the resulting response rate was 13.42 percent. Additional detail on sample member status at the end of data collection (dispositions) is provided in Exhibit 2.

EXHIBIT 2. 2023 PACIFICSOURCE - CENTRAL OREGON CHILD MEDICAID OHA CAHPS SURVEY: SAMPLE MEMBER DISPOSITIONS AND RESPONSE RATE

Disposition	Total		2023 State OHP Average
	Number	% Initial Sample	
Initial Sample	2,250	100.00%	---
Disposition			
Complete and Eligible - Mail	95	4.22%	4.90%
Complete and Eligible - Phone	153	6.80%	7.35%
Complete and Eligible - Internet	50	2.22%	2.69%
Complete and Eligible - Total	298	13.24%	14.94%
Does not meet Eligible Population criteria	30	1.33%	0.94%
Incomplete (but Eligible)	47	2.09%	2.27%
Ineligible	0	0.00%	0.29%
- Language barrier	0	0.00%	0.10%
- Mentally or physically incapacitated	0	0.00%	0.00%
- Deceased	0	0.00%	0.03%
Refusal	132	5.87%	5.70%
Nonresponse after maximum attempts	1,717	76.31%	75.35%
Added to Do Not Call (DNC) list	26	1.16%	0.67%
Response Rate*		13.42%	15.10%

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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 family’s 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 Measurement Year 2022, Volume 3: Specifications for Survey Measures* or consult Appendix A.

SMALL NUMBER SUPPRESSION

The numerator for an individual question is the number of valid responses selecting the desired response option(s) while the denominator is the total number of valid responses to that question. The numerator for a composite is the average number of responses selecting the desired response option(s) across all questions in the composite; the denominator is the average number of responses across all questions in the composite (note: composite numerators and 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. Also, if the numerator for any displayed category is less than 3, the “NR” label will be applied.

COMPARISONS TO BENCHMARKS AND PRIOR-YEAR RESULTS

Throughout the report, the 2023 PacificSource - Central Oregon results are compared to the 2023 State OHP Average as well as to the highest and lowest performing CCO. The 2023 State OHP Average 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

A high-level PacificSource - Central Oregon performance overview on key survey measures is provided in Exhibit 3. 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. 2023 PACIFICSOURCE - CENTRAL OREGON CHILD MEDICAID OHA CAHPS SURVEY: PATIENT EXPERIENCE MEASURES

Survey Measures	Your Organization						2023 State OHP Average	
	2023		2022		2021		Rate	Point Diff.
	Rate	(n)	Rate	Point Change	Rate	Point Change		
Overall Ratings (%8, 9, or 10)								
Rating of Personal Doctor	85.77%	(253)	89.76%	[-3.99]	87.11%	[-1.34]	85.97%	[-0.20]
Rating of Specialist Seen Most Often	89.66%	(58)	NR	[---]	NR	[---]	80.96%	[+8.70]
Rating of All Health Care	89.34%	(197)	87.50%	[+1.84]	87.39%	[+1.95]	80.10%	[+9.24] ★
Rating of Health Plan	85.47%	(289)	91.28%	[-5.81]	83.33%	[+2.13]	79.15%	[+6.31] ★
Overall Ratings (%9 or 10)								
Rating of Personal Doctor	69.96%	(253)	74.80%	[-4.84]	71.13%	[-1.17]	69.63%	[+0.33]
Rating of Specialist Seen Most Often	74.14%	(58)	NR	[---]	NR	[---]	64.81%	[+9.33]
Rating of All Health Care	61.93%	(197)	67.31%	[-5.38]	73.95%	[-12.02] ★	57.61%	[+4.32] ★
Rating of Health Plan	66.78%	(289)	67.79%	[-1.00]	65.28%	[+1.50]	60.48%	[+6.31]
Composite Measures								
Getting Needed Care	82.63%	(130)	84.89%	[-2.27]	83.72%	[-1.09]	77.73%	[+4.90]
Getting Care Quickly	86.31%	(139)	88.05%	[-1.74]	90.18%	[-3.87]	84.22%	[+2.09]
How Well Doctors Communicate	94.96%	(174)	92.22%	[+2.74]	96.33%	[-1.37]	93.40%	[+1.57]
Customer Service	90.83%	(60)	91.94%	[-1.10]	87.88%	[+2.95]	89.63%	[+1.21]
Additional Content Areas								
Coordination of Care	85.71%	(91)	87.80%	[-2.09]	84.21%	[+1.50]	82.47%	[+3.25]
Children with Chronic Conditions Measures								
Access to Prescription Medicines	93.10%	(87)	87.23%	[+5.87]	93.18%	[-0.08]	86.91%	[+6.19]
Access to Specialized Services	79.99%	(38)	NR	[---]	76.10%	[+3.88]	65.62%	[+14.37]
Getting Needed Information	91.40%	(93)	92.06%	[-0.67]	94.85%	[-3.45]	89.26%	[+2.13]
Personal Doctor Who Knows Child	86.36%	(88)	90.46%	[-4.10]	94.18%	[-7.82]	87.10%	[-0.74]
Coordination of Care for Children With Chronic Conditions	70.48%	(46)	NR	[---]	76.80%	[-6.32]	74.26%	[-3.78]

7/5/20

Calculation and Reporting of Results

All rates were calculated by CSS following NCOA 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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied.

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

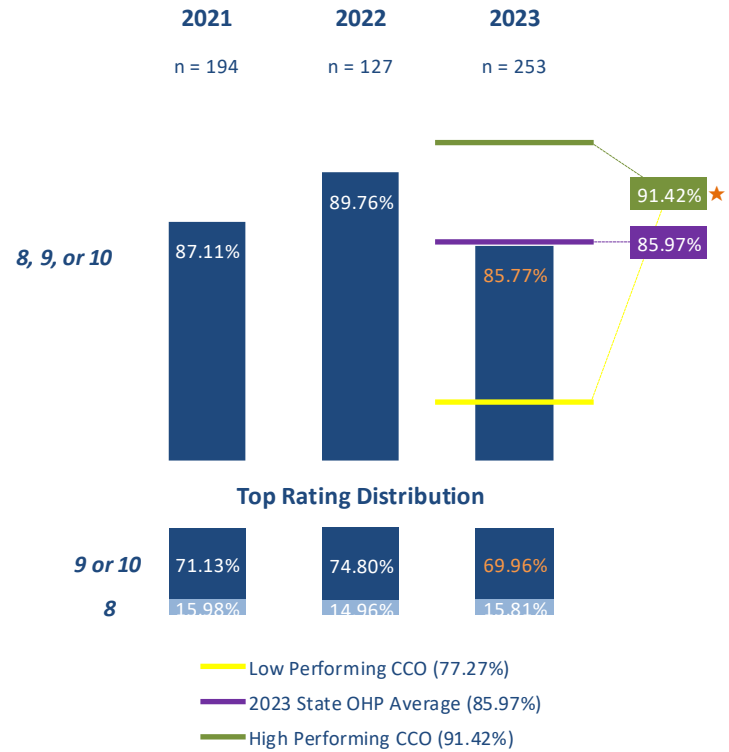
- Survey scores are trended over three consecutive years of data collection, if available. A result may not be available if the survey was not administered in a given year, if the measure is new, or if the measure is not deemed appropriate for trending. In such cases, "no data" appears in place of the 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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied.
- 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 2022 rate denotes a statistically significant difference between the 2023 and 2022 rates.

COMPARISONS TO BENCHMARKS

- The horizontal lines displayed on the charts correspond to the 2023 State OHP Average as well as to the highest and lowest performing CCO. If the 2023 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



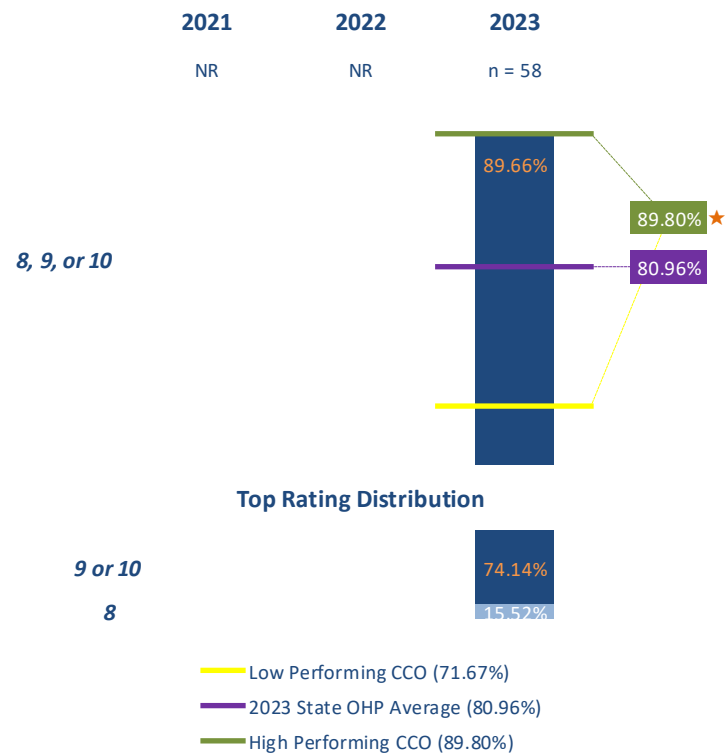
71570

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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

Rating of Specialist Seen Most Often

Percent Responding 8, 9, or 10



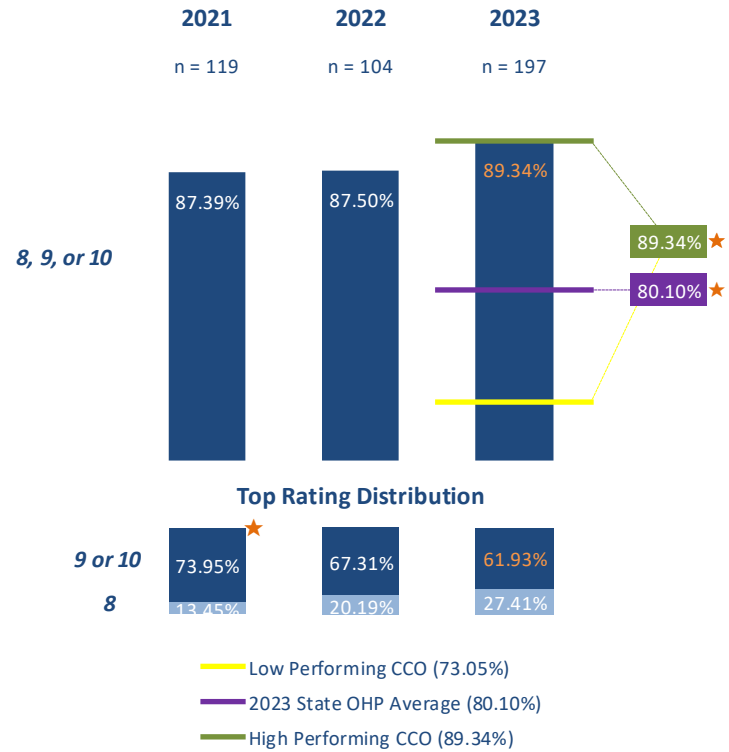
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Tests of statistical significance were conducted for the following reportable rates: (8 + 9 + 10) and (9 + 10). Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison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

Rating of All Health Care

Percent Responding 8, 9, or 10



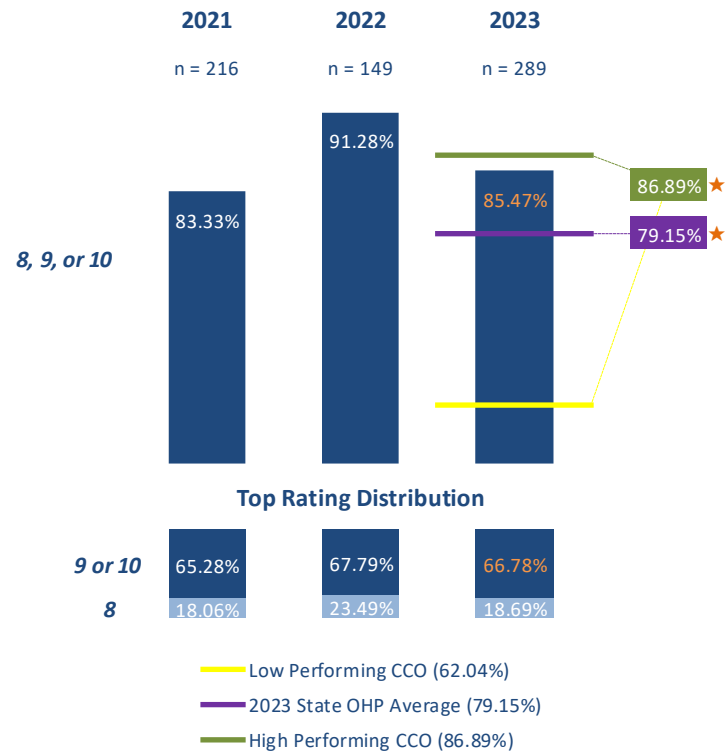
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Tests of statistical significance were conducted for the following reportable rates: (8 + 9 + 10) and (9 + 10). Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison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

Rating of Health Plan

Percent Responding 8, 9, or 10



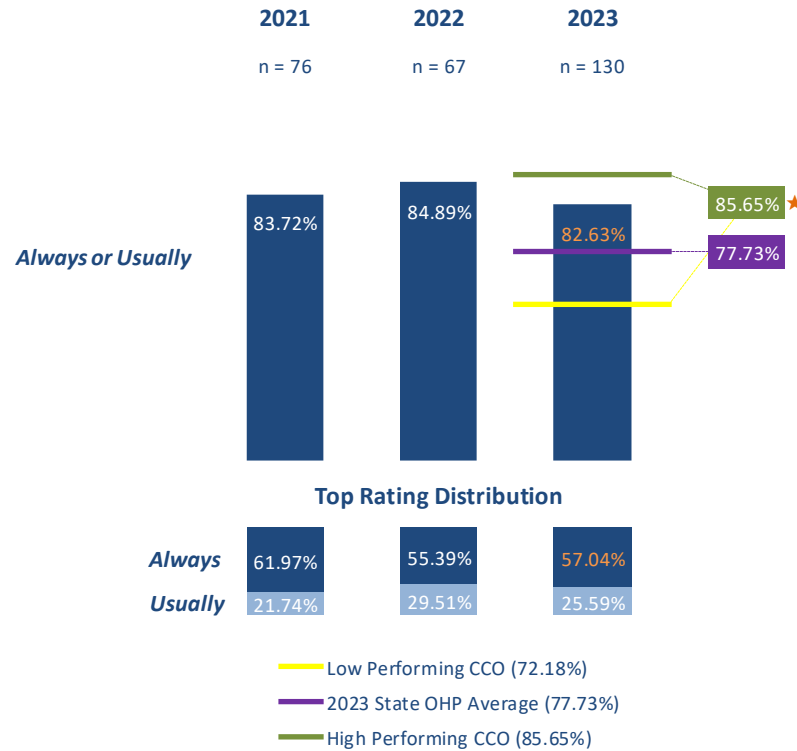
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All rates were calculated by CSS following NCQA specifications. The denominator (n) represents the number of valid responses collected for the measure. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" appears in place of n, indicating that the results are not reportable by OHA. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

Getting Needed Care (Composite)

Percent Responding Always or Usually



71570

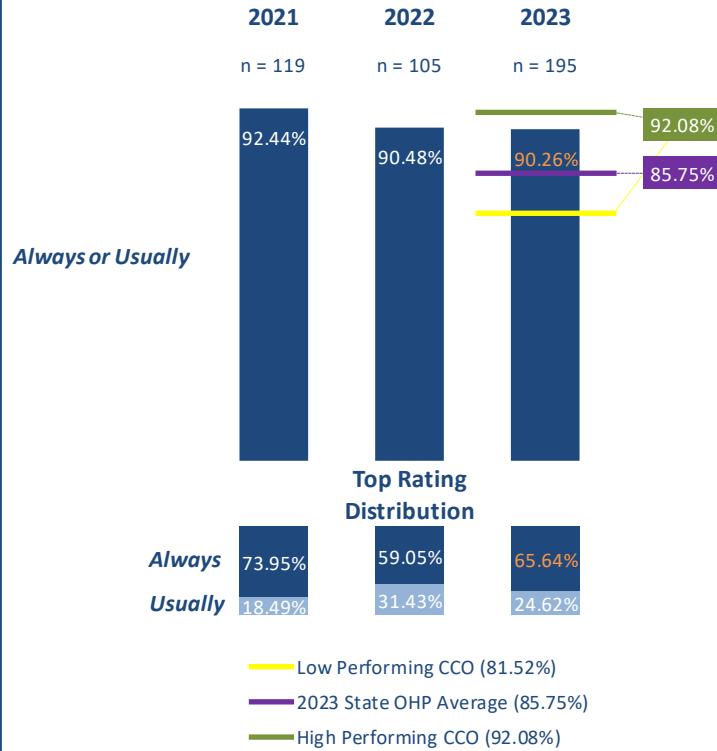
All rates were calculated by CSS following NCQA specifications. The denominator (n) represents the number of valid responses collected for the measure. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" appears in place of n, indicating that the results are not reportable by OHA. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

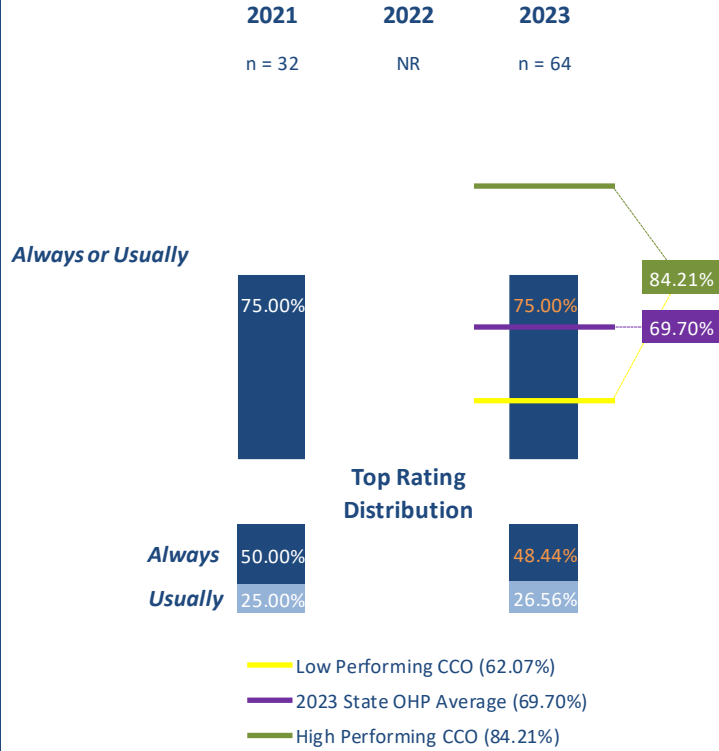
Getting Needed Care (Contributing Items)

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?



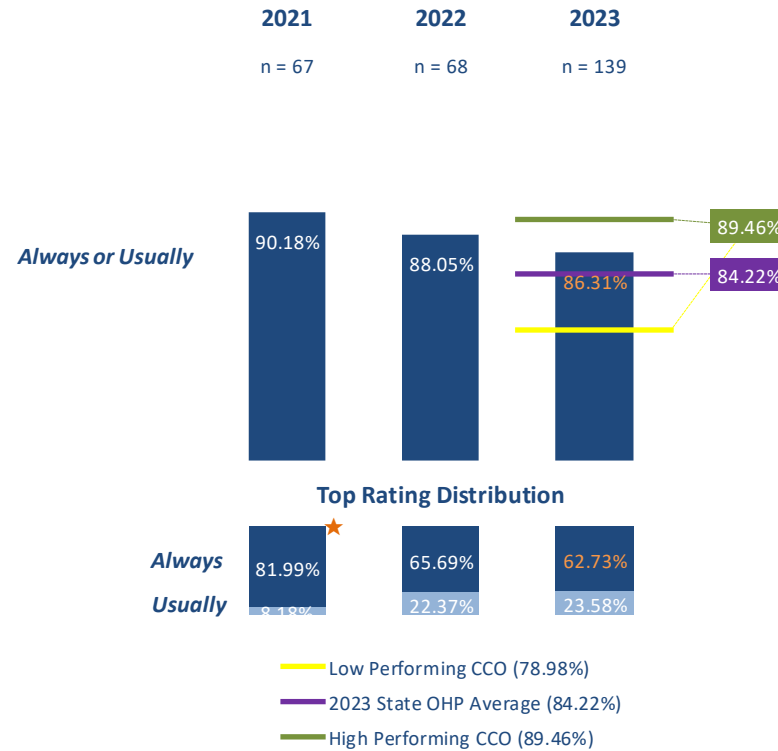
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Tests of statistical significance were conducted for the following reportable rates: (8 + 9 + 10) and (9 + 10). Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison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

Getting Care Quickly (Composite)

Percent Responding Always or Usually



71570

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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

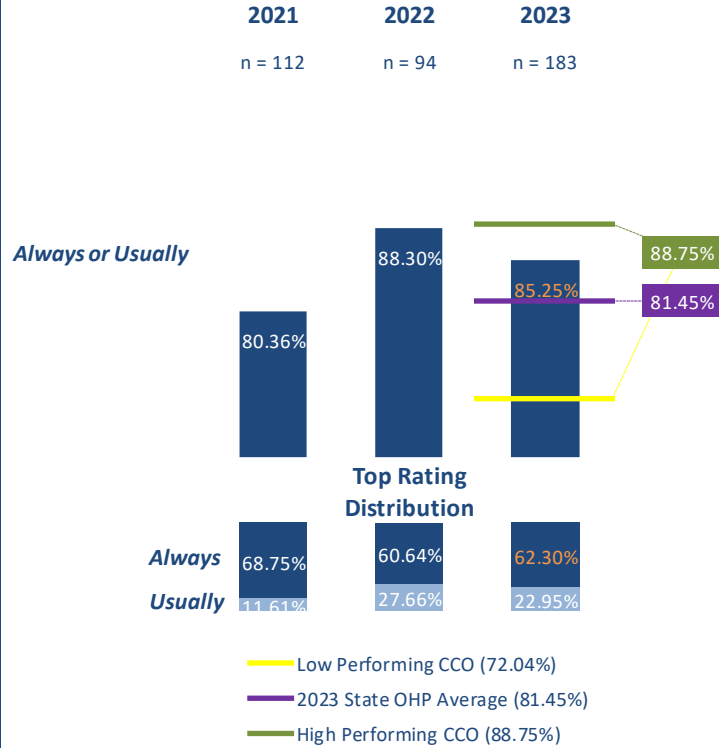
Getting Care Quickly (Contributing Items)

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?



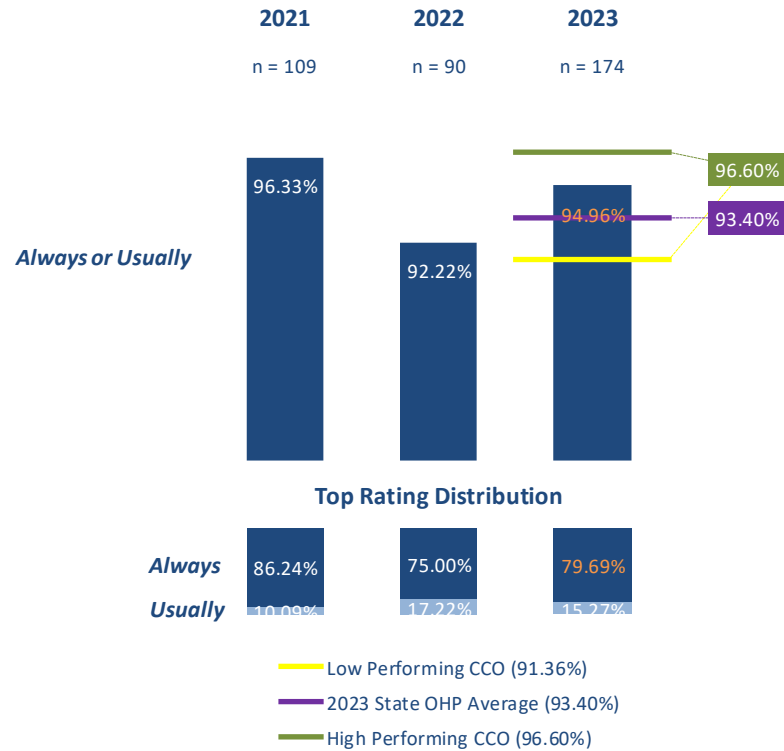
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Tests of statistical significance were conducted for the following reportable rates: (8 + 9 + 10) and (9 + 10). Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison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

How Well Doctors Communicate (Composite)

Percent Responding Always or Usually



71570

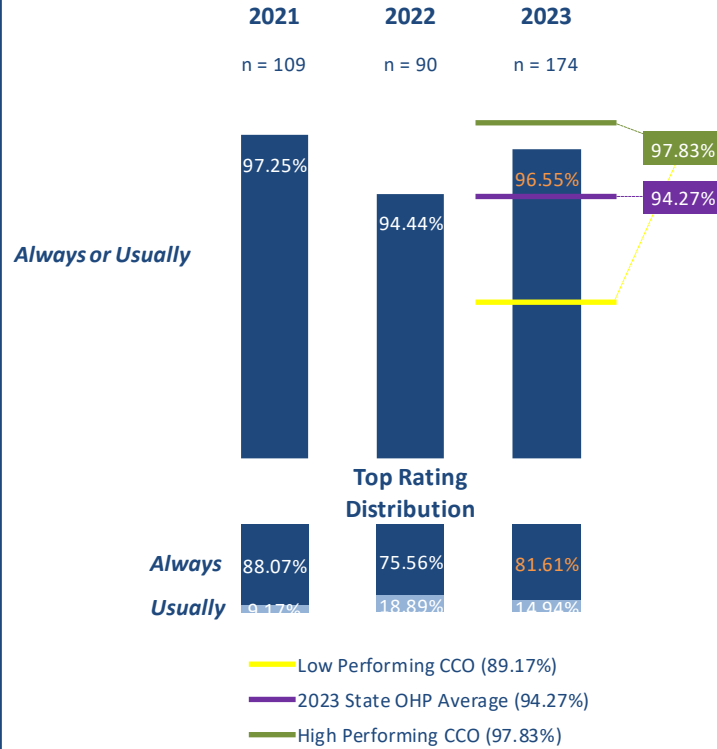
All rates were calculated by CSS following NCQA specifications. The denominator (n) represents the number of valid responses collected for the measure. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" appears in place of n, indicating that the results are not reportable by OHA. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

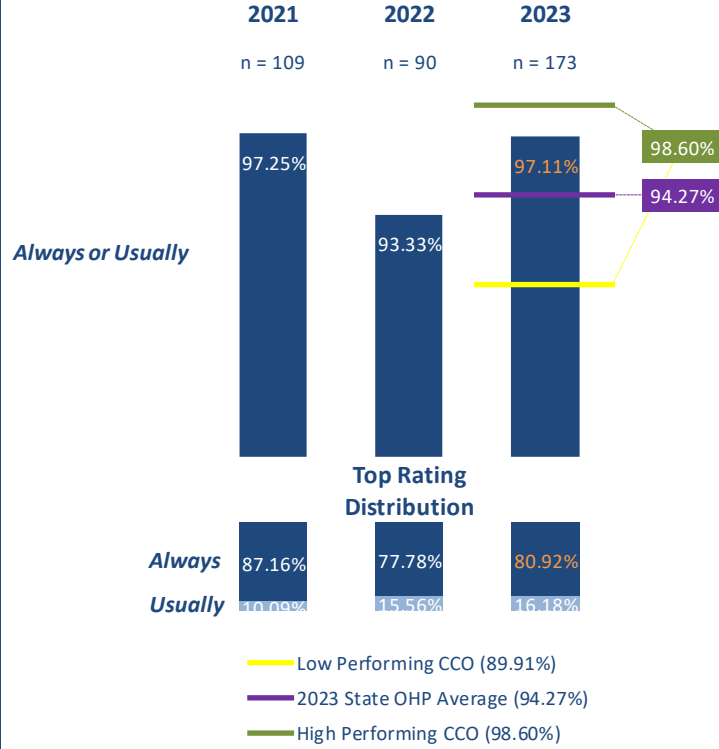
How Well Doctors Communicate (Contributing Items)

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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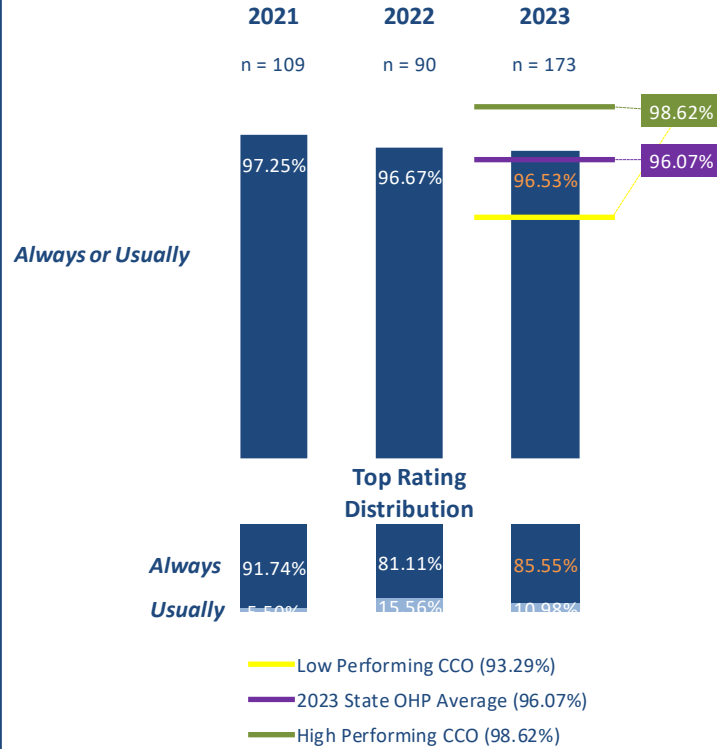
All rates were calculated by CSS following NCQA specifications. The denominator (n) represents the number of valid responses collected for the measure. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" appears in place of n, indicating that the results are not reportable by OHA. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

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?



71570

All rates were calculated by CSS following NCOA 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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

Customer Service (Composite)

Percent Responding Always or Usually



71570

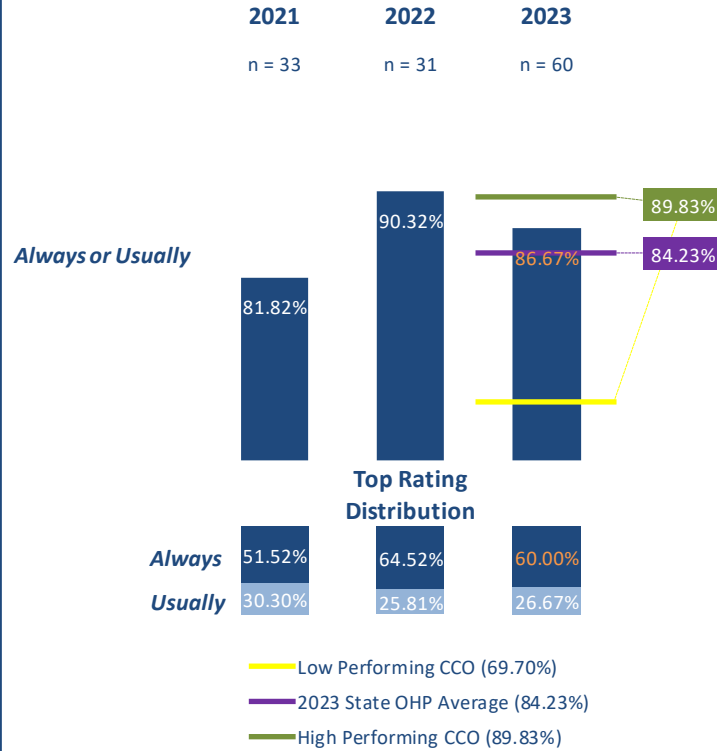
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Tests of statistical significance were conducted for the following reportable rates: (8 + 9 + 10) and (9 + 10). Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison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

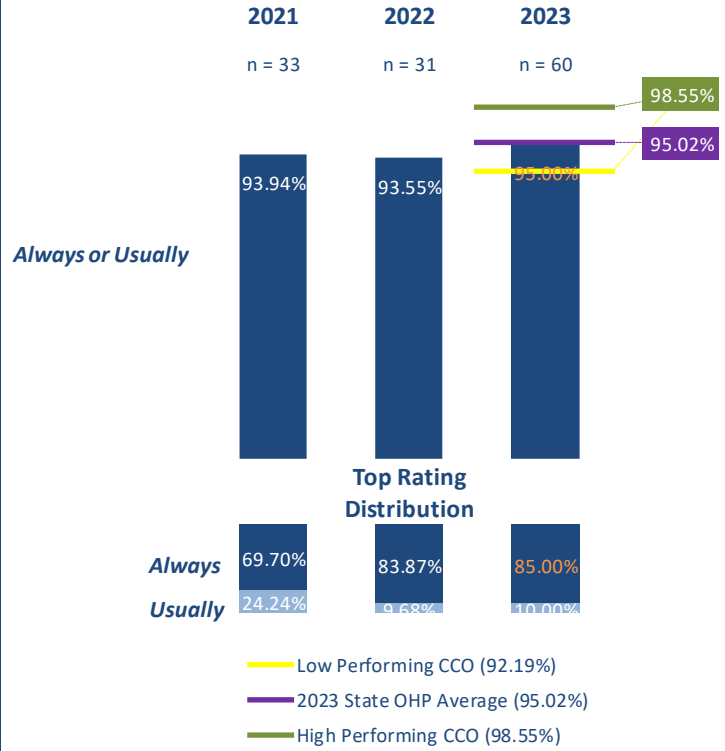
Customer Service (Contributing Items)

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?



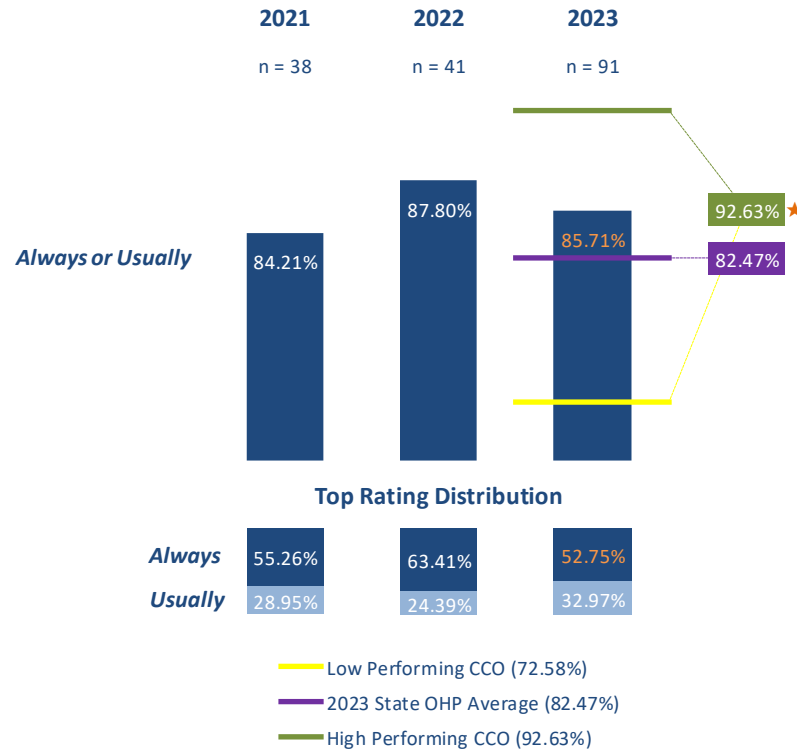
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Tests of statistical significance were conducted for the following reportable rates: (8 + 9 + 10) and (9 + 10). Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison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

Coordination of Care (Single Item)

Percent Responding Always or Usually



71570

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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

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".)



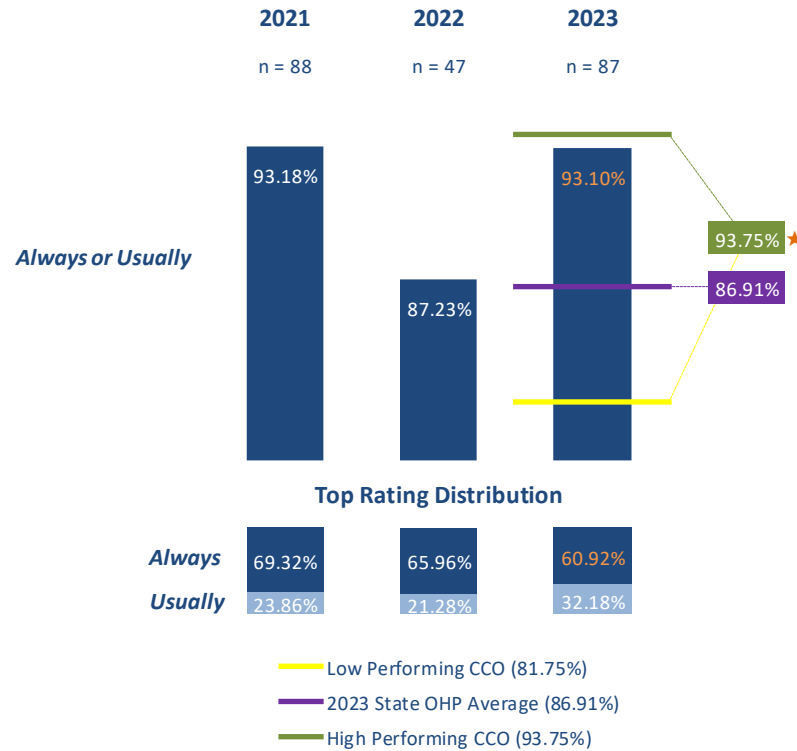
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Tests of statistical significance were conducted for the following reportable rates: (8 + 9 + 10) and (9 + 10). Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison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

Access to Prescription Medicines (Single Item)

Percent Responding Always or Usually



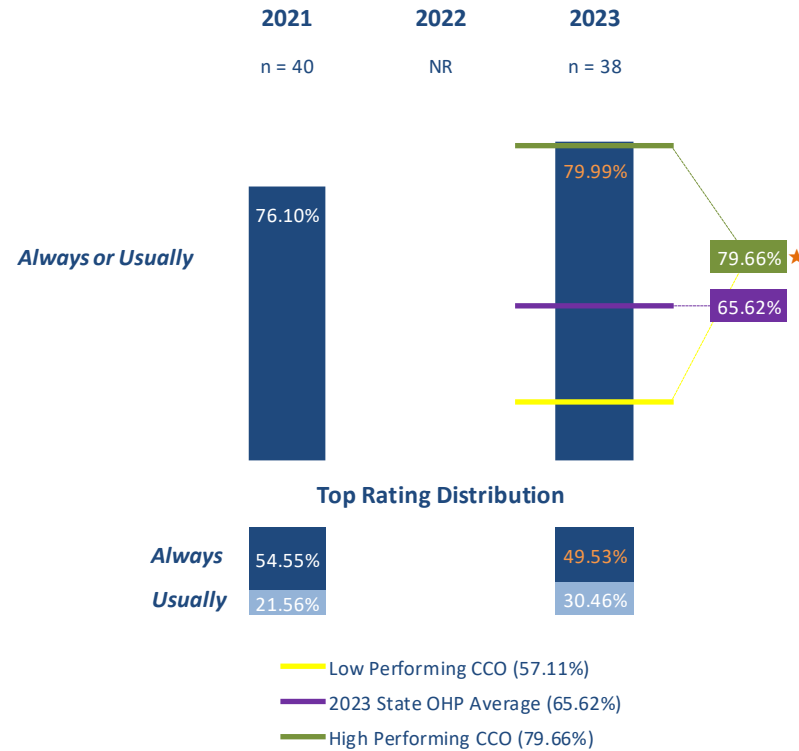
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All rates were calculated by CSS following NCQA specifications. The denominator (n) represents the number of valid responses collected for the measure. At least 30 valid responses must be collected for a measure result to be reportable by OHA. If n is less than 30, "NR" appears in place of n, indicating that the results are not reportable by OHA. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

Access to Specialized Services (Composite)

Percent Responding Always or Usually



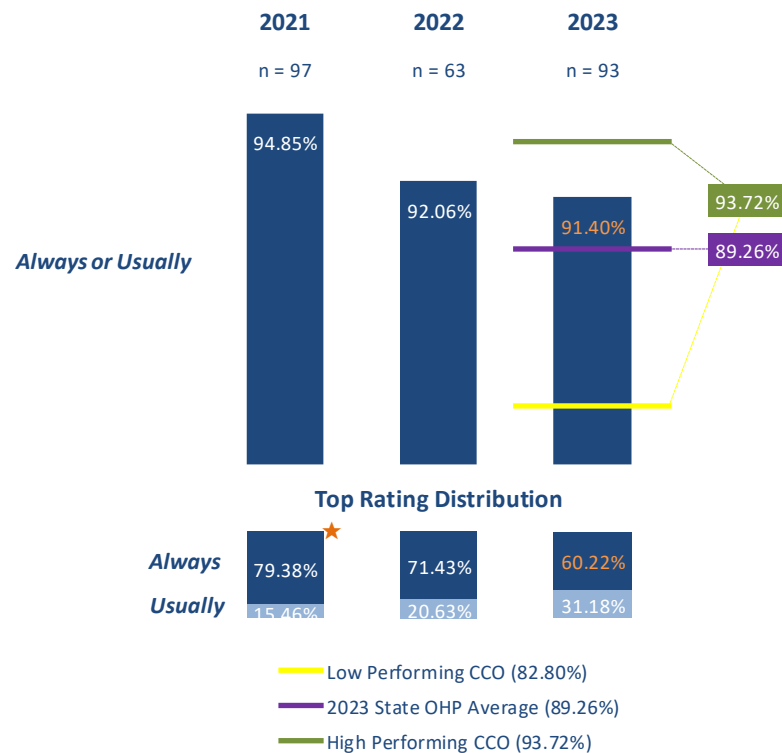
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Tests of statistical significance were conducted for the following reportable rates: (8 + 9 + 10) and (9 + 10). Statistically significant differences, tested at the 95% confidence level, between your organization's **current-year rate** and a comparison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

Getting Needed Information (Single Item)

Percent Responding Always or Usually



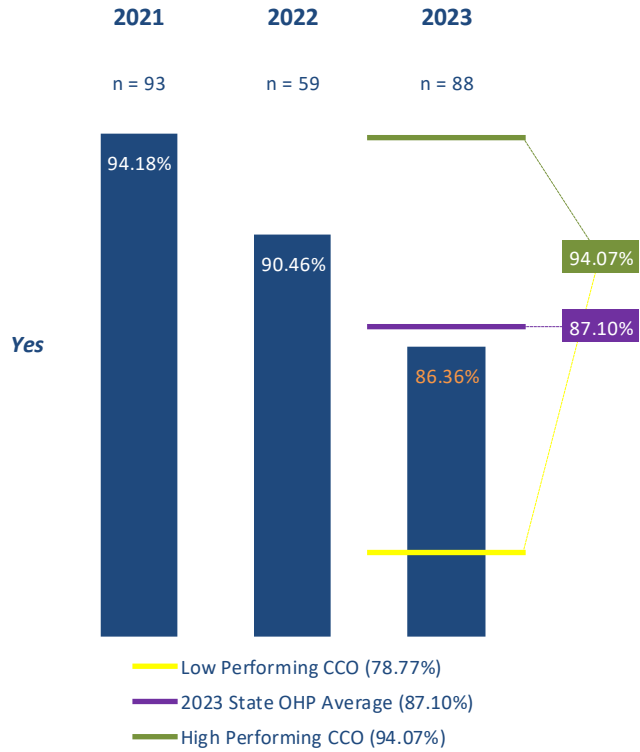
71570

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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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.

Personal Doctor Who Knows Child (Composite)

Percent Responding Yes



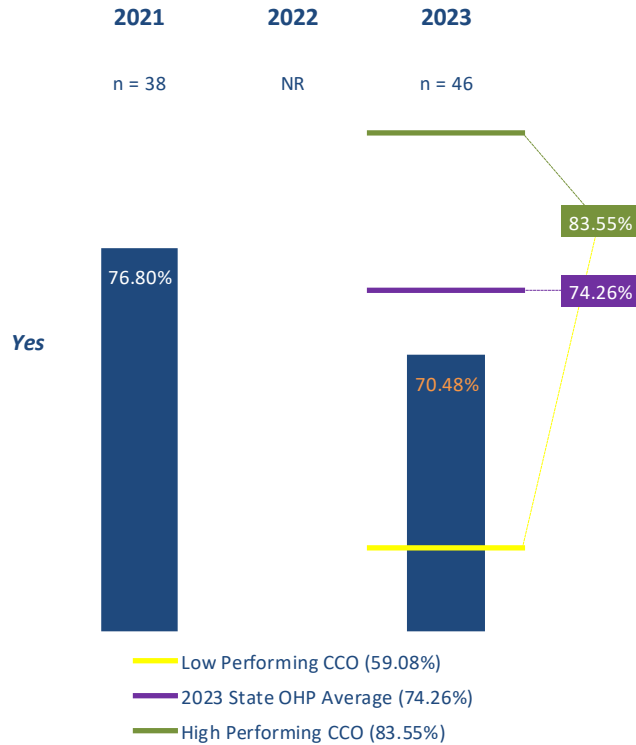
71570

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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.

Coordination of Care for Children With Chronic Conditions (Composite)

Percent Responding Yes



71570

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. Also, if the numerator for any displayed category is less than 3, the "NR" label will be applied. 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 PacificSource - Central Oregon 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.

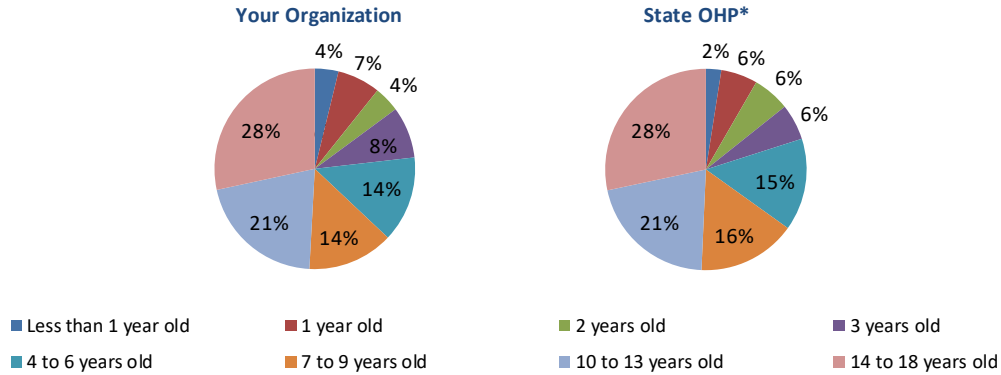
The charts on the following pages compare the PacificSource - Central Oregon membership profile to the relevant State Oregon Health Plan benchmark distribution on demographic characteristics and utilization patterns. The pie chart in the upper half of each panel contrasts the distribution of the PacificSource - Central Oregon membership on a given member attribute (e.g., primary race, education level, number of doctor visits, etc.) with the 2023 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

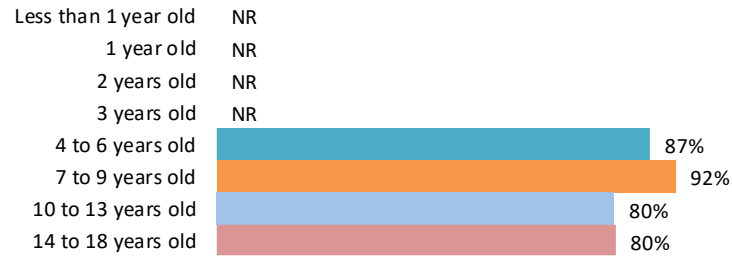
The following characteristics are profiled in this section:

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

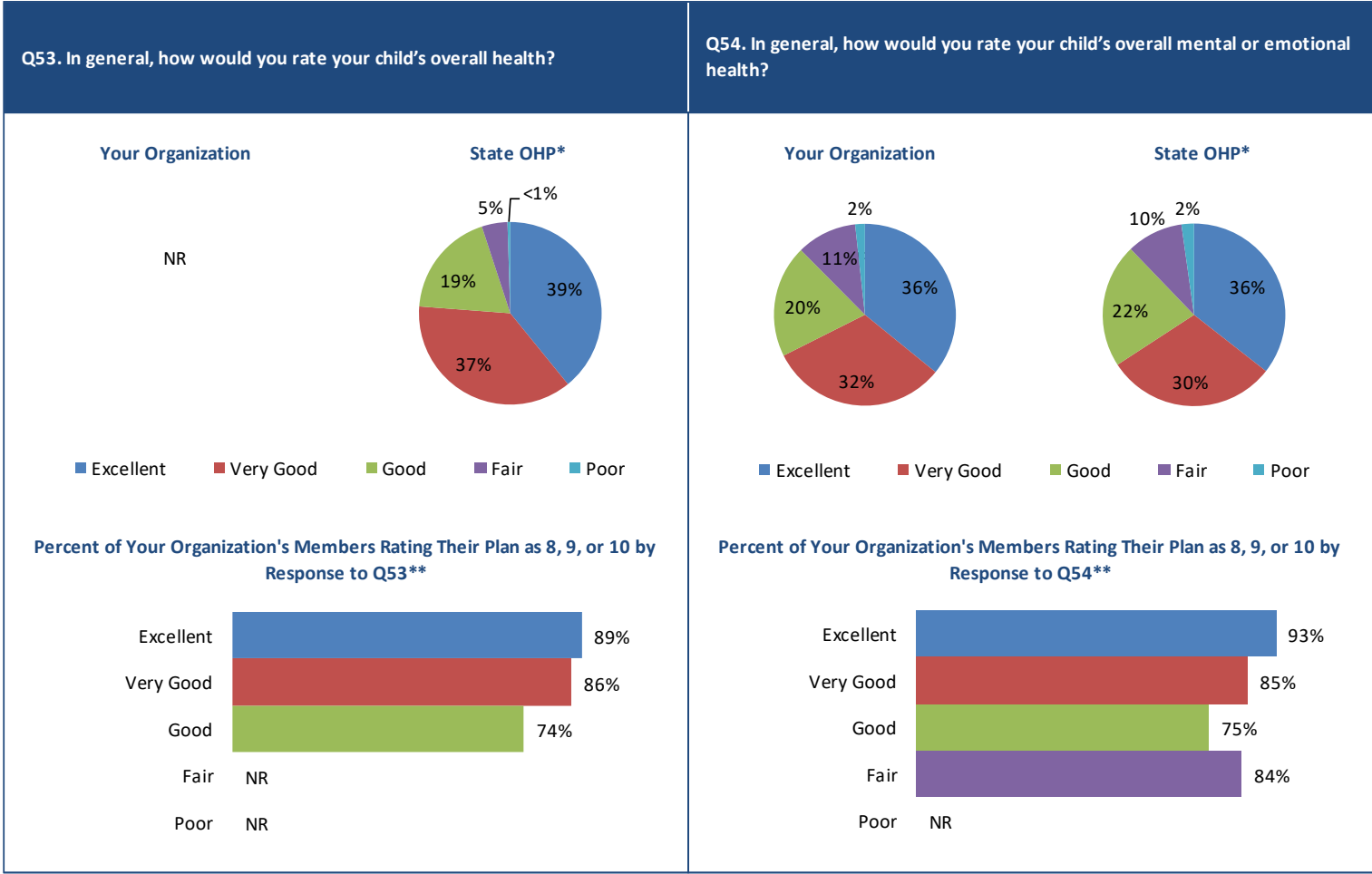
Q69. What is your child's age?



Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q69**

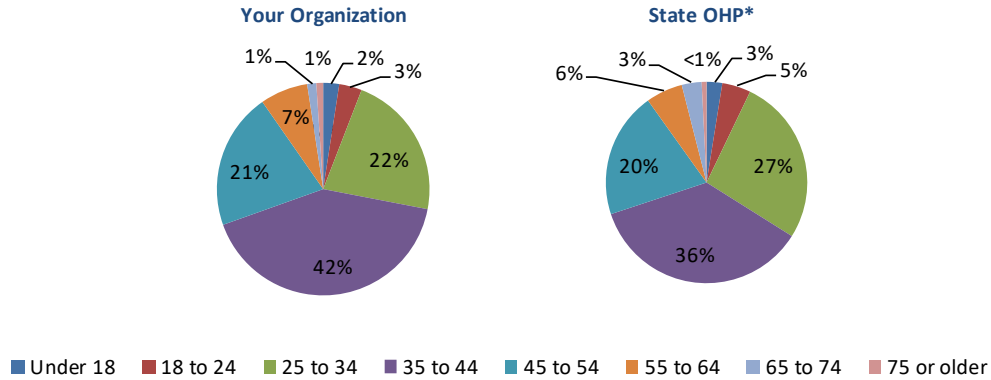


Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 71570
 "NR" appears in place of the pie chart if the numerator for any displayed category is less than 3 or the number of attribute respondents is less than 30, indicating that the results are not reportable by OHA.
 * Represents the combined distribution of responses to this question for all plans included in the 2023 State OHP Average.
 ** Includes members who answered the question and provided a valid response to Q49 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q49 or if no one rated the plan as 8, 9, or 10. "NR" appears in place of the score if the number of respondents within group rating plan as 8-10 is less than 3 or the number of respondents within group rating plan 0-10 is less than 30.



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. 71570
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Q70. What is your age?



Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q70**



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.

71570

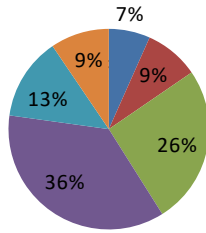
"NR" appears in place of the pie chart if the numerator for any displayed category is less than 3 or the number of attribute respondents is less than 30, indicating that the results are not reportable by OHA.

* Represents the combined distribution of responses to this question for all plans included in the 2023 State OHP Average.

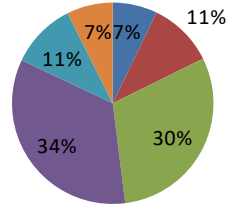
** Includes members who answered the question and provided a valid response to Q49 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q49 or if no one rated the plan as 8, 9, or 10. "NR" appears in place of the score if the number of respondents within group rating plan as 8-10 is less than 3 or the number of respondents within group rating plan 0-10 is less than 30.

Q71. What is the highest grade or level of school that you have completed?

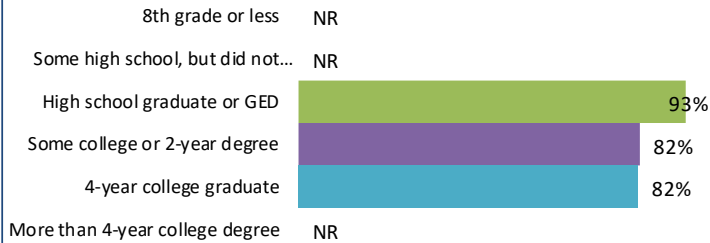
Your Organization



State OHP*



Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q71**



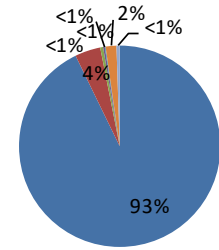
Q72. How are you related to the child?

Your Organization

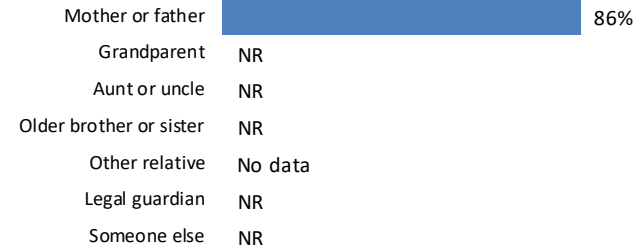
NR

- Mother or father
- Older brother or sister
- Someone else
- Grandparent
- Other relative

State OHP*



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



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.

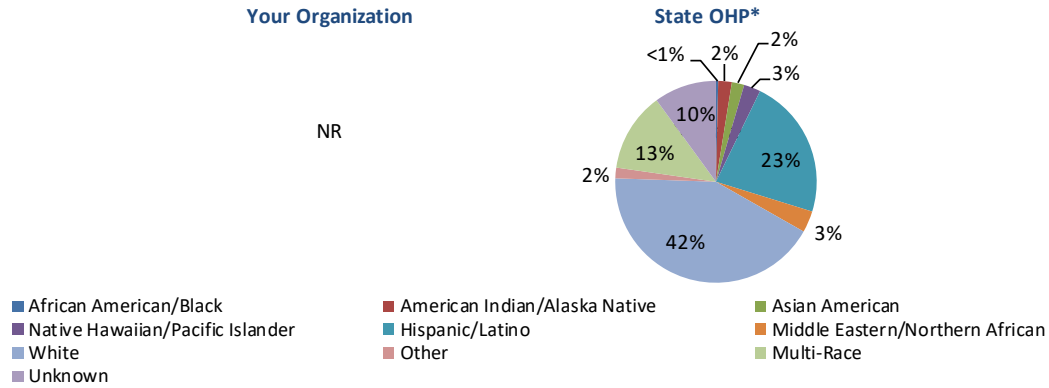
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Q95. If you checked more than one category above, is there one you think of as your child's primary racial or ethnic identity?



Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q95**

African American/Black	NR
American Indian/Alaska Native	NR
Asian American	NR
Native Hawaiian/Pacific Islander	NR
Hispanic/Latino	95%
Middle Eastern/Northern African	NR
White	86%
Other	NR
Multi-Race	85%
Unknown	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.

71570

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** Includes members who answered the question and provided a valid response to Q49 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q49 or if no one rated the plan as 8, 9, or 10. "NR" appears in place of the score if the number of respondents within group rating plan as 8-10 is less than 3 or the number of respondents within group rating plan 0-10 is less than 30.

ALONE OR IN COMBINATION (AOIC) REPORTING OF GENDER IDENTITY

The gender identity survey items were adapted from the Equity and Inclusion Division of OHA’s draft recommendation of Sexual Orientation and Gender Identity (SOGI) demographic questions. Respondents are presented with a list of gender identity categories and asked to indicate all categories that describe their gender identity.

The following chart compares the PacificSource - Central Oregon membership profile to the State Oregon Health Plan benchmark distribution, if applicable, on the gender identity response categories. The left side displays the distribution of the PacificSource - Central Oregon membership on a given gender identity response with the 2023 State Oregon Health Plan distribution, if applicable, on the same gender identity response. The right side shows how the overall rating of the plan varies by each gender identity response.

To prevent masking individual responses, the concept of gender “Alone or In Combination” (AOIC) was used for reporting purposes. This combines members who selected a single gender response alone and those who selected that gender response in combination with one or more of the other gender identity responses. The AOIC concept, therefore, represents the most inclusive grouping of members sharing a gender identity, either alone or in combination with one or more categories. The sum of the individual gender AOIC categories may add to more than the total population because members who selected more than one category were tallied in each gender response category.

88. What is your child's gender? Check all that apply. (% Yes)		
		Percent of Your Organization's Members Rating Their Plan as 8, 9, or 10 by Response to Q88**
Woman/Girl		83%
Man/Boy		88%
Non-Binary	NR 1%	NR
No Gender	2% 3%	NR
Questioning	NR 2%	NR
Other	1% 1%	NR

71570

Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group is small. "NR" appears in place of the bar chart if the numerator for any displayed category is less than 3 or the number of attribute respondents is less than 30, indicating that the results are not reportable by OHA.

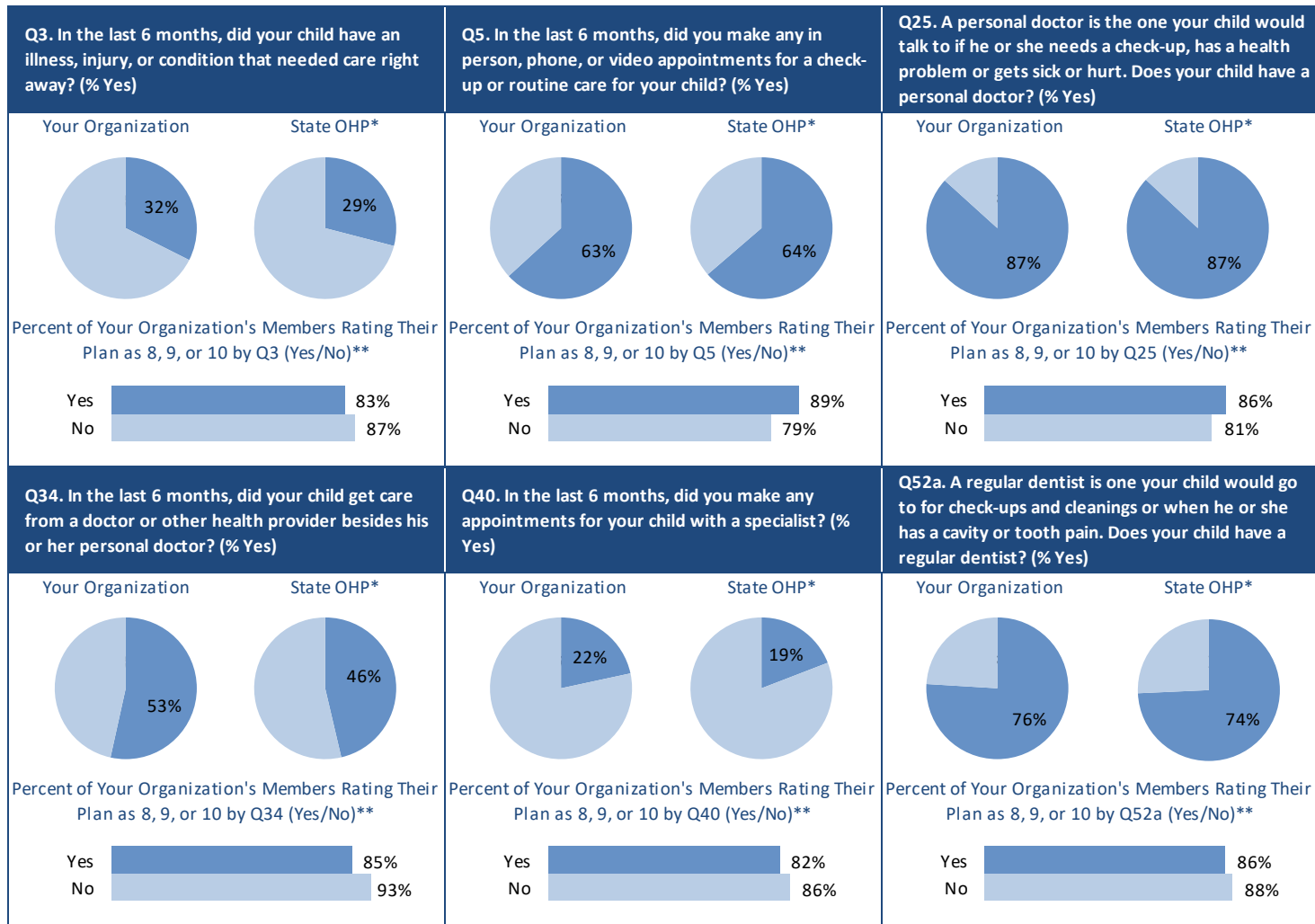
* Represents the combined distribution of responses to this question for all plans included in the 2023 State OHP Average.

** Includes members who answered the question and provided a valid response to Q49 (Rating of Health Plan). "No data" appears in place of the score if none of the group respondents provided a valid response to Q49 or if no one rated the plan as 8, 9, or 10. "NR" appears in place of the score if the number of respondents within group rating plan as 8-10 is less than 3 or the number of respondents within group rating plan 0-10 is less than 30.

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.

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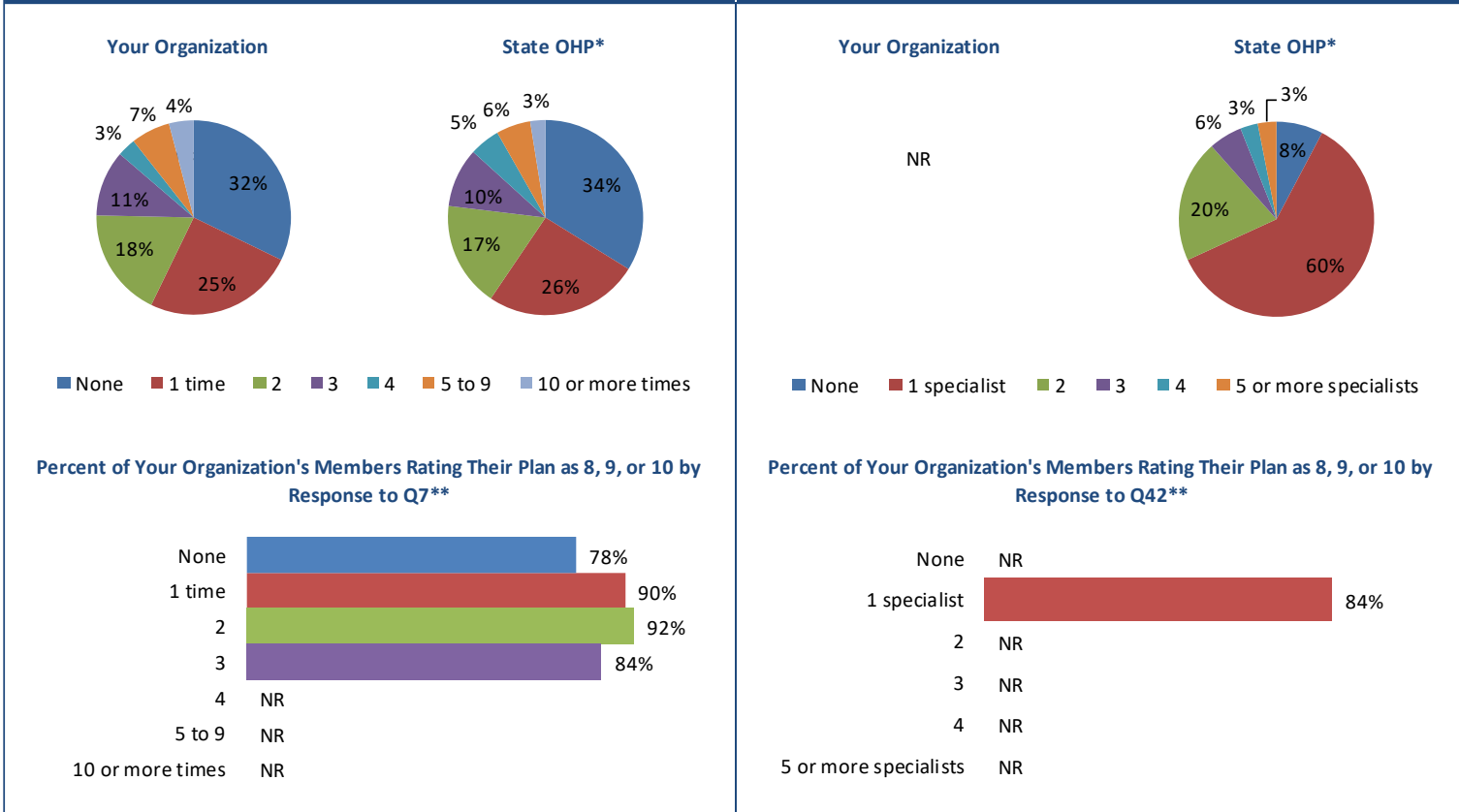
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Q7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video?

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.)

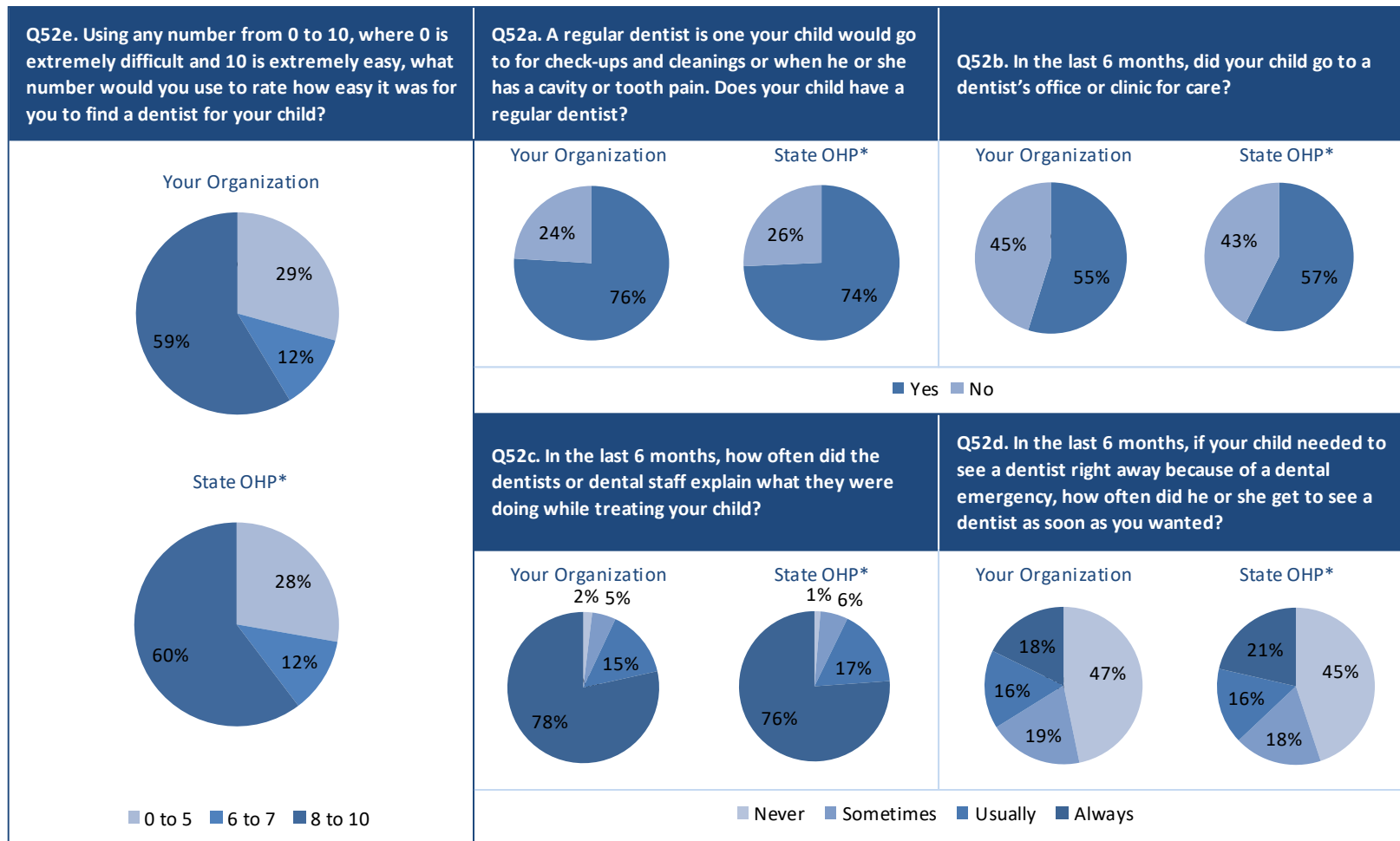


Note: all percentages are rounded for display. *Rating of Health Plan* score should be interpreted with caution if the size of the group (pie slice) is small. 71570
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ACCESS TO DENTAL CARE

The following charts compare the PacificSource - Central Oregon respondent profile to the State Oregon Health Plan benchmark distribution for the following access to dental care survey items:

- Ease of finding a dentist
- Having a regular dentist
- Receiving care from a dentist
- Explanation of dental treatment
- Making an appointment for a dental emergency



Note: all percentages are rounded for display.

71570

"NR" appears in place of the pie chart if the numerator for any displayed category is less than 3 or the number of attribute respondents is less than 30, indicating that the results are not reportable by OHA.

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

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 PacificSource - Central Oregon 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 2023 CSS *Key Driver Model* was developed using our 2022–2023 Book-of-Business plan-level dataset of Medicaid CAHPS survey results. The dataset comprised all Medicaid plans surveyed by CSS in 2022 and 2023, 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 75 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 PacificSource - Central Oregon is currently performing on these measures. Improvement targets identified specifically for PacificSource - Central Oregon, 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 having a personal doctor (Q25) and being able to get urgent care as soon as needed (Q4). Getting 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 respondents rating their child's personal doctor as 9 or 10, the higher the overall plan score
Q25. Member has a personal doctor (percent Yes)	The higher the proportion of respondents reporting their child has a personal doctor, the higher the overall plan score
Q4. Got an appointment for urgent care as soon as needed (percent <i>Usually or Always</i>)	The higher the proportion of respondents reporting their child 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 respondents rating their child's specialist as 9 or 10, the higher the overall plan score
Q45. Health plan customer service provided needed information or help (percent <i>Usually or Always</i>)	The higher the proportion of respondents who were able to get the information or help they needed from the plan's customer service, the higher the overall plan score









OPPORTUNITIES FOR PLAN QUALITY IMPROVEMENT

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

The middle panel of the chart compares how PacificSource - Central Oregon 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 2023 State OHP Average. Room for improvement, represented by the green arrows on the chart, is the difference between the current level of PacificSource - Central Oregon performance and the best practice score.

The bar chart on the right displays the expected improvement in the overall *Rating of Health Plan* score PacificSource - Central Oregon 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. 2023 PACIFICSOURCE - CENTRAL OREGON CHILD MEDICAID OHA CAHPS SURVEY : KEY AREAS AND PRIORITIES FOR IMPROVEMENT

Current Key Driver Performance		Room for Improvement on Key Driver	Overall Improvement Opportunity
2023 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)	69.96%	+6.88%  76.84%	 +3.08%
Q25. Member has a personal doctor (percent Yes)	86.73%	+6.40%  93.13%	 +1.52%
Q4. Got an appointment for urgent care as soon as needed (percent Usually or Always)	87.37%	+6.32%  93.68%	 +0.69%
Q45. Customer service provided information or help (percent Usually or Always)	86.67%	+3.16%  89.83%	 +0.31%
Q43. Rating of Specialist Seen Most Often (percent 9 or 10)	74.14%	Current Key Driver performance is at or above the Best Practice level 74.14%	None

*Highest score on the key driver measure among all the Child CCOs included in the 2023 State OHP.

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If the numerator for any displayed category is less than 3 or the number of attribute respondents 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 *Key Driver Analysis* identified improvement opportunities and priorities for PacificSource - Central Oregon. This section, which lists some helpful publicly available quality improvement resources, is included as a guide to assist plan managers in their efforts. Inclusion of these sources should not be construed as an endorsement of any programs or activities. 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 Healthcare 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 a 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.
- This article from *Healthcare Dive* describes the benefits and challenges of implementing same-day scheduling as well as some short case studies: <https://www.healthcaredive.com/news/same-day-scheduling-can-improve-patient-satisfaction-and-your-bottom-line/506048/>.
- An article in *Patient Engagement HIT* explains that the greatest challenge to implementing same-day appointments is clearing the backlog (see <https://patientengagementhit.com/news/exploring-open-access-scheduling-in-patient-access-to-care>).

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 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 <https://www.ahrq.gov/research/findings/final-reports/ptflow/index.html> for AHRQ's guide to plan and implement patient flow improvement strategies.
- **VIDEO** This webinar from the Virginia Mason Institute demonstrates how Virginia Mason Franciscan Health improved patient flow in the ambulatory setting (watch on YouTube at <https://www.youtube.com/watch?v=0R6isKaZqVo>).

Patient-Centered Medical Homes (PCMH)

- For AHRQ's resources detailing transitioning a practice to a patient-centered medical home model, see <https://www.ahrq.gov/ncepcr/research/care-coordination/pcmh/index.html>, with links to additional resources at <https://www.ahrq.gov/ncepcr/research/care-coordination/pcmh/define.html>.
- **VIDEO** This webinar from the National Association of Community Health Centers features presenters from The Joint Commission and the National Committee for Quality Assurance speaking about quality improvement as it relates to patient-centered medical homes (watch on YouTube at <https://www.youtube.com/watch?v=gJpKgvtyifl>).
- For more background on the patient-centered medical home model of care and health equity, see www.ncbi.nlm.nih.gov/pmc/articles/PMC2869425/ and nam.edu/wp-content/uploads/2015/06/PatientCenteredMedicalHome.pdf.

Alternative Access Centers

- This brief (<https://www.rwjf.org/en/insights/our-research/2015/04/the-value-proposition-of-retail-clinics.html>) 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 such alternative venues as telehealth 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/).
- This article from *Patient Engagement HIT* concludes that retail health clinics and virtual care improve health equity by providing greater access to care (see <https://patientengagementhit.com/features/retail-health-clinics-are-key-on-the-path-to-health-equity>).

- The National Center for Health Statistics provides statistics on retail health and urgent care center utilization in 2019 by sex, race, age, and education level (see <https://www.cdc.gov/nchs/products/databriefs/db409.htm>).

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 in *The Lancet* ([www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30362-4/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30362-4/fulltext)) details opportunities to expand telehealth beyond the pandemic.
- Telehealth also can be implemented to solve deferral of care issues brought about by the pandemic (see publichealth.jmir.org/2020/3/e21607?utm_source=TrendMD&utm_medium=cpc&utm_campaign=JMIR_TrendMD_1).
- Telemedicine was underutilized until the COVID-19 pandemic, when changes to regulations and payment policies permitted its rapid growth. Telemedicine improves access and equity, though barriers remain (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9035352/>).
- **VIDEO** This webinar discusses “how people, processes, regulation and technology work together to support a successful telehealth transformation... potentially improving access, quality and costs” (<https://www.aha.org/education-events/telehealth-and-its-emergence-during-pandemic-may-17>).
- **PODCAST** Post-pandemic, telehealth is key to the future of digitally enabled care, which integrates in-person and virtual care in a clinically appropriate manner (<https://www.ama-assn.org/practice-management/digital/2022-moving-beyond-telehealth-digitally-enabled-care>).

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 improved patient ratings of doctors.

Improve Physician Communication

- 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.
- This article in *Physicians Practice* shares nine ways to improve communication with patients (see <https://www.physicianspractice.com/view/nine-ways-to-improve-your-patient-communications>). Click through the slides at the top of the page to read information on each strategy.
- Similarly, this blog post shares 10 tips for communicating with patients using the RELATE (Reassure, Explain, Listen, Answer questions, Take action, and Express appreciation) model (see <https://www.healthstream.com/resource/blog/10-ways-to-encourage-better-physician-communication>).

- Much of patient dissatisfaction stems from a failure of effective physician communication. For a review of the literature on doctor-patient communication, see (www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/).

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.
- **TOOL** For a sample discharge preparation/care transition document that providers can distribute to patients before or during visits, see www.rwjf.org/content/dam/farm/toolkits/toolkits/2013/rwjf404048.
- **TOOL** The National Institutes of Health provides five worksheets to help patients choose a new provider and to talk to their provider about family health history, medications, life changes, and health or other concerns (see <https://www.nia.nih.gov/health/talking-with-doctor-worksheets>)
- **TOOL** AHRQ provides tips for patients to become more engaged in their health care before, during, and after the appointment (see <https://www.ahrq.gov/questions/be-engaged/index.html>). A two-page PDF file can be downloaded from this page.
- **TOOL** AHRQ also provides a Question Builder tool that patients can use to customize a list of questions for their appointment. The tool is available for printing online at <https://www.ahrq.gov/questions/question-builder/online.html> and in a downloadable app in the Apple App Store and Google Play (see more information at <https://www.ahrq.gov/questions/question-builder/index.html>).

Build Physician-Patient Relationships

- A positive physician-patient relationship may correlate with better health care outcomes. This article describes three essential elements that contribute to a positive relationship between provider and patients: empathy, communication, and shared decision-making (see <https://patientengagementhit.com/news/3-key-traits-of-a-positive-patient-provider-relationship>).
- AHRQ discusses the SHARE Approach to shared decision-making and provides links to resources on their website at <https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tools/factsheet.html>.
- Cultural competence is increasingly important to the physician-patient relationship. Tips and resources are available at <https://www.ahrq.gov/health-literacy/professional-training/shared-decision/tool/resource-7.html>.

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. The Medical Group Management Association has tips for building relationships with specialists (see <https://www.mgma.com/resources/operations-management/communication-lays-the-groundwork-for-successful-p>).
- AHRQ's Health Literacy Universal Precautions Toolkit includes a section on making the referral process easier for patients (see <https://www.ahrq.gov/health-literacy/improve/precautions/tool21.html>).
- High-functioning referral networks are critical for positive patient outcomes and require communication, measurement, and monitoring (see <https://www.hfma.org/finance-and-business-strategy/population-health-management/61094/>).
- A survey of Veterans Health Administration specialists found that use of referral templates was seen as helpful to improve the quality of referrals; service agreements and e-consults were less so (see <https://www.ajmc.com/view/tools-to-improve-referrals-from-primary-care-to-specialty-care>).

IMPROVING CUSTOMER SERVICE AND HEALTH PLAN-RELATED INFORMATION

It is important that health plan information is both easily available and useful to members. As representatives of the plan, customer service staff must ensure that members have confidence and trust in their ability to address their questions and 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 members 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.
- This article in *Forbes* defines service recovery and describes effective strategies to implement it in your practice (see <https://www.forbes.com/sites/forbesagencycouncil/2022/12/15/service-recovery-in-healthcare-effective-strategies-to-retain-unsatisfied-patients/?sh=60c824e84cf7>).
- **VIDEO** This four-part training series was developed as part of a grant from the Health Resources & Services Administration (HRSA). The videos total one hour and focus on why service recovery matters, eight steps for front-line staff, tips for de-escalation, and embedding service recovery into everyday practice (see <https://stratishealth.org/service-recovery-in-health-care/>).

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 the 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/.
- This article addresses the importance of website accessibility for older adults and persons with disabilities to obtain, understand, and use health information (see <https://ahimafoundation.org/research/the-critical-role-of-web-accessibility-in-health-information-access-understanding-and-use/>).
- The Centers for Medicare & Medicaid Services (CMS) provides information on communication accessibility planning for people who are blind or have low vision (<https://www.cms.gov/files/document/omh-visual-sensory-disabilities-brochure-508c.pdf>), those who are deaf or hard-of-hearing (<https://www.cms.gov/files/document/audio-sensory-disabilities-brochure-508c.pdf>), and those with limited English proficiency (<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan.PDF>).

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/).

- This James Madison University Library microsite includes sub-pages with links to reliable sources of health information, information for teens and young adults, and information about medications and supplements, among others (see <https://guides.lib.jmu.edu/consumerhealth/health-websites>).

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).
- HHS has a strong focus on health literacy in its Healthy People 2030 initiative, with six objectives related to the topic. See information on these goals and the updated definitions of personal and organizational health literacy at <https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030>, and health literacy resources at <https://health.gov/health-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 also has developed its own health literacy toolkit to support physicians, the *Health Literacy Universal Precautions Toolkit, 2nd Edition*: www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html.
- The companion guide, *Implementing the AHRQ Health Literacy Universal Precautions Toolkit: Practical Ideas for Primary Care Practices*, presents advice based on the experiences of 12 primary-care practices that implemented the Toolkit. It is available at <https://www.ahrq.gov/health-literacy/improve/precautions/guide/index.html>.

APPENDIX

CALCULATION GUIDELINES FOR RATING AND COMPOSITE GLOBAL PROPORTIONS

NCQA's *HEDIS Measurement Year 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
<i>Never or Sometimes</i>	$1 / 5 = 0.20$	$1 / 4 = 0.25$	$(0.20 + 0.25) / 2 = 0.2250$
<i>Usually</i>	$2 / 5 = 0.40$	$1 / 4 = 0.25$	$(0.40 + 0.25) / 2 = 0.3250$
<i>Always</i>	$2 / 5 = 0.40$	$2 / 4 = 0.50$	$(0.40 + 0.50) / 2 = 0.4500$
<i>Usually or Always</i>	$4 / 5 = 0.80$	$3 / 4 = 0.75$	$(0.80 + 0.75) / 2 = 0.7750$

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 <i>Comparisons to Benchmarks and Prior-Year Results</i> .
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 <i>Pearson correlation coefficient</i> . The coefficient value of 1 indicates a strong positive relationship; -1 indicates a strong negative relationship; zero indicates no relationship at all.
Denominator (<i>n</i> , 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	<p>Members who are eligible to participate in the survey based on the following NCQA criteria:</p> <ul style="list-style-type: none"> - 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	<p>Applies to composite measures. The proportion of respondents selecting the favorable response(s) (e.g., <i>Usually or Always</i>) averaged across the questions that make up the composite.</p>
HEDIS	<p>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.</p>
Key Drivers	<p>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.</p>
NCQA	<p>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.</p>
Question Summary Rate	<p>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 <i>Never, Sometimes, Usually, or Always</i> response scale, with <i>Always</i> being the most favorable outcome. Results are typically reported as the proportion of members selecting <i>Usually or Always</i>.</p>

Response Rate

Survey response rate is calculated by NCQA using the following formula:

$$\text{Response Rate} = \frac{\text{Complete and Eligible Surveys}}{[\text{Complete and Eligible} + \text{Incomplete (but Eligible)} + \text{Refusal} + \text{Nonresponse after maximum attempts} + \text{Added to Do Not Call (DNC) List}]}$$

Sample size

OHA’s methodology used a sample size of 2,250 for Adult Medicaid samples, 2,250 for Child Medicaid samples, and 700 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

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 not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?
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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 your child 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 your child 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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 your child's age?

- ₀₀ Less than 1 year old
- _____ YEARS OLD (*write in*)

70. What is your age?

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

71. 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

72. 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

73. What language(s) does your child use at home?
(*Check all that apply*)

- _A English → ***If English, Go to Question 75***
- _B Spanish
- _C Other _____
(*Please specify*)

74. How well does your child speak English?

- ₁ Very well
- ₂ Well
- ₃ Not well
- ₄ Not at all
- ₅ Don't know
- ₆ Don't want to answer

75. 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 78***

76. 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

77. 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

78. Is your child deaf or does your child have serious difficulty hearing?
- ₁ Yes → ***If Yes, at what age did this condition begin?*** _____
 - ₂ No
 - ₃ Don't know
 - ₄ Don't want to answer

79. Is your child blind or does your child have serious difficulty seeing, even when wearing glasses?
- ₁ Yes → ***If Yes, at what age did this condition begin?*** _____
 - ₂ No
 - ₃ Don't know
 - ₄ Don't want to answer

If your child is under age 5, go to Question 87.

80. Does your child have serious difficulty walking or climbing stairs?
- ₁ Yes → ***If Yes, at what age did this condition begin?*** _____
 - ₂ No
 - ₃ Don't know
 - ₄ Don't want to answer

81. Because of a physical, mental, or emotional condition, does your child have serious difficulty concentrating, remembering or making decisions?
- ₁ Yes → ***If Yes, at what age did this condition begin?*** _____
 - ₂ No
 - ₃ Don't know
 - ₄ Don't want to answer

82. Does your child have difficulty dressing or bathing?
- ₁ Yes → ***If Yes, at what age did this condition begin?*** _____
 - ₂ No
 - ₃ Don't know
 - ₄ Don't want to answer

83. Does your child have serious difficulty learning how to do things most people your child's age can learn?
- ₁ Yes → ***If Yes, at what age did this condition begin?*** _____
 - ₂ No
 - ₃ Don't know
 - ₄ Don't want to answer

84. Using your child's usual (customary) language, does your child have serious difficulty communicating (for example understanding or being understood by others)?
- ₁ Yes → ***If Yes, at what age did this condition begin?*** _____
 - ₂ No
 - ₃ Don't know
 - ₄ Don't want to answer
 - ₅ Don't know what this question is asking

If your child is under age 15, go to Question 87.

85. 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 → ***If Yes, at what age did this condition begin?*** _____
 - ₂ No
 - ₃ Don't know
 - ₄ Don't want to answer

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

- ₁ Yes → **If Yes, at what age did this condition begin?** _____
- ₂ No
- ₃ Don't know
- ₄ Don't want to answer
- ₅ Don't know what this question is asking

87. Please describe your child's gender in any way you prefer: *(Please print)*

88. What is your child's gender? *(Check all that apply)*

- _A Woman/Girl
- _B Man/Boy
- _C Non-binary
- _D Agender/No Gender
- _E Questioning
- _F Not listed _____
(Please specify)
- _G Don't know
- _H Don't know what this question is asking
- _I Don't want to answer

89. What is your gender? *(Check all that apply)*

- _A Woman/Girl
- _B Man/Boy
- _C Non-binary
- _D Agender/No Gender
- _E Questioning
- _F Not listed _____
(Please specify)
- _G Don't know
- _H Don't know what this question is asking
- _I Don't want to answer

If your child is under age 12, go to Question 93.

90. Is your child transgender?

- ₁ Yes
- ₂ No
- ₃ Don't know
- ₄ Questioning
- ₅ Don't know what this question is asking
- ₆ Don't want to answer

91. Please describe your child's sexual orientation or sexual identity in any way you want: *(Please print)*

92. How do you describe your child's sexual orientation or sexual identity? *(Check all that apply)*

- _A Same-gender loving
- _B Same-sex loving
- _C Lesbian
- _D Gay
- _E Bisexual
- _F Pansexual
- _G Straight (attracted mainly to or only to other gender(s) or sex(es))
- _H Asexual
- _I Queer
- _J Questioning
- _K Don't know
- _L Not listed _____
(Please specify)
- _M Don't know what this question is asking
- _N Don't want to answer

93. How do you identify your child's race, ethnicity, tribal affiliation, country of origin, or ancestry?

(Please print) _____

94. 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 Hawaiian
- _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} Filipino/a
- _{AF} Hmong
- _{AG} Japanese
- _{AH} Korean
- _{AI} Loatian
- _{AJ} South Asian
- _{AK} Vietnamese
- _{AL} Other Asian

Other Categories

- _{AM} Other (Please list)

- _____
- _{AN} Don't know
 - _{AO} Don't want to answer

95. 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.
- ₅ Don't know
- ₆ Don't want to answer

Thank You

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

Center for the Study of Services
PO Box 3416
Hopkins, MN 55343

Please do not include any other correspondence.