Results of the 2007 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for Medi-Cal Managed Care Health Plans

Prepared for:

California Department of Health Care Services (DHCS)

Prepared by:

wba MARKET RESEARCH

and

Delmarva Foundation

We don't provide healthcare...we make it better.

Table of Contents

I. Executive Summary 5
II. Background and Survey Overview 9
III. Summary Conclusions
  A. Adult Members 21
  B. Child Members 22
IV. Results
  A. Adult Members (4.0H CAHPS Survey)
    1. Medi-Cal Managed Care (MCMC) Contracted Plan Selected Results 26
    2. Overall Results by MCMC Model-Type
      a) Results Synopsis 32
      b) Average Response Calculation Method 33
      c) Average Response by Survey Question 34
      d) Composite Percentages Calculation Method 36
      e) Composite Best-Response Proportions as Percentages 37
    3. Supplemental Questions by MCMC Model-Type
      a) Select Proportions as Percentages – Calculation Method 41
      b) Visited Emergency Room in Past Six Months 42
      c) Have an Ongoing Physical or Mental Impairment 43
      d) Number of Visits Doctor Discussed/Recommended Physical Activity/Exercise 44
      e) Number of Visits Doctor Discussed/Recommended Weight Loss 44
      f) Engage in Physical Activity or Exercise 45
    4. Overall Results by MCMC Contracted Plan
      a) Top Five and Bottom Five Performers 47
      b) Average Response Calculation Method 48
      c) Average Response by Survey Question 49
      d) Composite Percentages Calculation Method 53
      e) Composite Best-Response Proportions as Percentages 54

Table of Contents

5. Supplemental Questions by MCMC Contracted Plan
   a) Select Proportions as Percentages – Calculation Method 60
   b) Visited Emergency Room in Past Six Months 61
   c) Have an Ongoing Physical or Mental Impairment 62
   d) Number of Visits Doctor Discussed/Recommended Physical Activity / Exercise 63
   e) Number of Visits Doctor Discussed/Recommended Weight Loss 64
   f) Engage in Physical Activity or Exercise 65

B. Child Members (3.0H CAHPS Survey)
1. MCMC Contracted Plan Selected Results 68
2. Overall Results by MCMC Model-Type
   a) Results Synopsis 77
   b) Average Response Calculation Method 78
   c) Average Response by Survey Question 79
   d) Composite Percentages Calculation Method 83
   e) Composite Best-Response Proportions as Percentages 84
3. Supplemental Questions by MCMC Model-Type
   a) Select Proportions as Percentages – Calculation Method 90
   b) Number of Visits Doctor Discussed/Recommended Physical Activity/Exercise 91
   c) Number of Visits Doctor Discussed/Recommended Weight Loss 92
   d) Engage in Physical Activity or Exercise 93
4. Overall Results by MCMC Contracted Plan
   a) Top Five and Bottom Five Performers 95
   b) Average Response Calculation Method 96
   c) Average Response by Survey Question 97
   d) Composite Percentages Calculation Method 105
   e) Composite Best-Response Proportions as Percentages 106

Table of Contents

5. Supplemental Questions by MCMC Contracted Plan
   a) Select Proportions as Percentages – Calculation Method 117
   b) Number of Visits Doctor Discussed/Recommended Physical Activity/Exercise – Child & CSHCN .. 118
   c) Number of Visits Doctor Discussed/Recommended Weight Loss – Child & CSHCN 120
   d) Engage in Physical Activity or Exercise – Child & CSHCN 122

V. Recommendations 125

VI. Appendix

A. Recommended Web Sites 128

B. Survey Samples

1. Adult (4.0H CAHPS) 129
2. Child (3.0H CAHPS) 137

C. California CAHPS Results Calculation Methods..... 152

I. EXECUTIVE SUMMARY

Executive Summary I.

CAHPS Report

This report presents descriptive and methodological information regarding the 2007 CAHPS 4.0H Adult Medicaid and 3.0H Child Medicaid surveys conducted among Medi-Cal Managed Care contracted health plans. These surveys were conducted between the end of February and the middle of May 2007.

This report gives overview information about how the CAHPS surveys were conducted, demographic characteristics of those who responded, response rate calculation, and guidelines for reading the report. The survey results in this report are summarized using the composite areas and consumer ratings of their experience with care. The results are shown by contract model-type as well as by each individual Medi-Cal Managed Care contracted health plan. Throughout this report, results for both composite areas and individual questions are displayed in graphical format by presenting the most positive response category proportion or the average rating.

Purpose

The purpose of the CAHPS surveys is to probe those aspects of care for which members are the best and/or the only source of information. From the CAHPS surveys, we can determine members' ratings of and experiences with the medical care they receive. Potential opportunities for improvement can be identified by examining members' health care experiences.

Specifically, the results obtained from the CAHPS surveys will allow DHCS to determine how well health plans are meeting their members' expectations, provide feedback to the health plans to improve quality of care, encourage health plan accountability, and develop health plan action to improve members' quality of care.

These CAHPS results are also used in the *Consumer Guide,* which is produced by DHCS. The *Consumer Guide* is provided to all newly eligible Medi-Cal recipients in their enrollment packet. The purpose of the *Consumer Guide* is to provide members with information to help them choose the best health plan to receive their care. It also enables members to learn more about the quality of care they will receive and the services that are offered by each health plan, as well as where to go for answers to their questions.

Results Summary (continued)

Adult Members

Adult members gave their highest satisfaction ratings to their specialist and their lowest satisfaction rating to the overall health care they received.

- Rating of Specialist: The Medi-Cal Adult Overall Average is 8.2.
- Rating of Personal Doctor: The Medi-Cal Adult Overall Average is 8.1 (down from 8.3 in 2004).
- Rating of Health Plan: The Medi-Cal Adult Overall Average is 7.9 (down from 8.1 in 2004).
- Rating of Overall Health Care: The Medi-Cal Adult Overall Average is 7.6 (down from 8.0 in 2004).

Based on their perceptions of the care and services they received, adult members expressed low satisfaction with access at the plan level, relating to their experiences with getting needed care and with customer service, as well as access at the provider level, relating to their experiences with getting care quickly.

Child Members

Parents/guardians of child members gave their highest satisfaction ratings to their child's health plan, followed closely by their satisfaction with their child's personal doctor, overall health care their child received and their child's specialist.

- Rating of Health Plan: The Medi-Cal Adult Overall Average is 8.9 (up from 8.6 in 2004).
- Rating of Personal Doctor: The Medi-Cal Adult Overall Average is 8.7.
- Rating of Overall Health Care: The Medi-Cal Adult Overall Average is 8.5 (up from 8.4 in 2004).
- Rating of Specialist: The Medi-Cal Adult Overall Average is 8.5.

Based on their perceptions of the care and services their child received, parents/guardians expressed high satisfaction with access at the plan level, relating to getting needed care for their child. In contrast, parents/guardians expressed low satisfaction with access at the provider level, relating to their child's experiences with getting care quickly.

Recommendations

Below is a brief synopsis of the recommendations that have been identified based on the CAHPS survey results:

- DHCS should review aggregate CAHPS results with contracted health plans, focusing particularly on those questions or composites where the aggregate results were poor. DHCS staff should assess the contracted health plans' response to issues identified in the CAHPS® survey and use the information gained from this dialogue, particularly discussion of barriers to achievement that negatively impacted CAHPS® results, to stay informed on a timely basis of trends and threats to the provision of quality care to Medi-Cal Managed Care recipients.
- DHCS should meet individually with representatives from contracted health plans identified as performing in the bottom five on the Child CAHPS® and Adult CAHPS® surveys. DHCS should discuss the survey findings with these health plans and work with them to analyze the causes and barriers of their poor performance and to identify interventions that can be implemented to improve results.
- DHCS and the Medi-Cal Managed Care (MCMC) contracted health plans should review and assess the appropriateness of current standards in the area of primary care access, which is identified as an issue in the Child CAHPS® results. Specific standards that should be analyzed include those for accessing and selecting a Primary Care Provider (PCP), scheduling appointments, requests and approvals for care made by providers.
- DHCS and MCMC contracted health plans should review and assess the appropriateness of current standards in the area of specialist provider access, which is identified as an issue in both the Child CAHPS® and Adult CAHPS® results.
- DHCS should emphasize the importance of good customer service to MCMC contracted health plans, which both the Child CAHPS® and Adult CAHPS® results identified as an issue. In both surveys, members identified problems with health plan customer service particularly not receiving information or help when needed.

II. BACKGROUND AND SURVEY OVERVIEW

Background and Survey Overview II.

How is this Report Used?

This report is designed to help identify potential opportunities to improve members' health care experiences. For this reason, the report shows the results by contract model-type as well as by each individual MCMC contracted health plan. Throughout this report, results for both composites and individual questions are displayed in graphical format.

This report includes the results of the CAHPS® 4.0H Adult Medicaid and 3.0H Child Medicaid [including the Children with Chronic Conditions (CCC) Measurement Set] survey questions about members' experience with their health plan and medical care during the previous six months.

Where applicable, results have been compared to the corresponding results from the 2004 CAHPS® survey research.

Who Conducted the Survey?

The CAHPS® was sponsored by DHCS. WB&A Market Research, an independent survey research firm, conducted this survey in order to ensure members' privacy.

How was the Survey Conducted?

The survey was conducted by mail with telephone follow-up between the end of February and the middle of May 2007. Each respondent was mailed a survey followed by a reminder postcard. Those not responding to the first survey received a second survey followed by another reminder postcard. Finally, those who did not respond to either survey mailing were contacted by telephone to complete the survey. Respondents were given the option to complete the survey in either English or Spanish. Respondents who spoke a language other than English or Spanish were not included in this study.

Separate surveys were conducted for adults and children. The child survey incorporated the measurement set to assess children's experience of care for chronic conditions. The child surveys were completed by proxy, that is, with the parent/guardian who knows the most about the sampled child's health care.

The surveys are usually conducted every two years.

Who was Surveyed?

Adult and child Medicaid members from each of California's twenty-one MCMC health plans participated in the survey. For purposes of performance measurement and evaluation, plans with more than one geographic contract area were surveyed within each of the 30 individual contract areas. The tables on the following page identify the plans that were surveyed as well as their contract type and counties of operation.

Each MCMC plan provided a list of eligible Medicaid members. To qualify, members had to be continuously enrolled in the same MCMC plan for five out of the six months between July and December 2006. Adult members were classified as those 18 years of age and older, while child members were defined as those 17 years of age and younger.

WB&A pulled a random sample of eligible members from each managed care plan for participation in the survey. It's important to note that for each managed care plan, the CAHPS 4.0H adult survey sample was drawn first (employing the required sample size). The CAHPS 3.0H child survey sample was drawn second (employing the required sample size), followed by the CCC supplemental sample which was drawn from the set of members identified as having special health care needs and who were not already selected for the CAHPS 3.0H child survey sample.

Medi-Cal Managed Care Contracted Health Plans (as of January 2007)

Plan Name	Chart Labels	Contract Type	County (ies) of Operation
CalOptima	CalOptima	COHS	Orange
Central Coast Alliance for Health	Central Coast Alliance for Health	COHS	Monterey
			Santa Cruz
Health Plan of San Mateo	Health Plan of San Mateo	COHS	San Mateo
Partnership Health Plan of California	Partnership HealthPlan	COHS	Napa/Solano/Yolo
Santa Barbara Regional Health Authority (now known as CenCal Health Plan)	Santa Barbara Regional Health Authority	COHS	Santa Barbara
Blue Cross of California (now known as Anthem Blue Cross)	Blue Cross of California (CP)	CP	Alameda
			Contra Costa
			Fresno
			Kern
			San Francisco
			San Joaquin
			Santa Clara
Health Net	Health Net (CP)	CP	Fresno
			Los Angeles
			Stanislaus
Molina Healthcare	Molina Healthcare (CP)	CP	Riverside
			San Bernardino
Blue Cross of California	Blue Cross of California (Sacramento)	GMC-N	Sacramento
Care 1st Health Plan	Care1st Health Plan (Sacramento)	GMC-N	Sacramento *
Health Net	Health Net (Sacramento)	GMC-N	Sacramento
Kaiser Permanente (North)	Kaiser Permanente (Sacramento)	GMC-N	Sacramento
Molina Healthcare	Molina Healthcare (Sacramento)	GMC-N	Sacramento
Western Health Advantage	Western Health Advantage	GMC-N	Sacramento

* As of November 1, 2007, Care 1st – Sacramento is no longer a contracted plan.

Plan Name	Chart Labels	Contract Type	County (ies) of Operation
Blue Cross of California	Blue Cross of California (San Diego)	GMC-S	San Diego **
Care1st Health Plan	Care1st Health Plan (San Diego)	GMC-S	San Diego
Community Health Group	Community Health Group	GMC-S	San Diego
Health Net	Health Net (San Diego)	GMC-S	San Diego
Kaiser Permanente (South)	Kaiser Permanente (San Diego)	GMC-S	San Diego
Molina Healthcare	Molina Healthcare (San Diego)	GMC-S	San Diego
Alameda Alliance for Health	Alameda Alliance for Health	LI	Alameda
Blue Cross of California	Blue Cross of California (Stanislaus)	LI	Stanislaus
Blue Cross of California	Blue Cross of California (Tulare)	LI	Tulare
Contra Costa Health Plan	Contra Costa Health Plan	LI	Contra Costa
Health Plan of San Joaquin	Health Plan of San Joaquin	LI	San Joaquin
Inland Empire Health Plan	Inland Empire Health Plan	LI	Riverside
			San Bernardino
Kern Family Health Care	Kern Family Health Care	LI	Kern
L.A. Care Health Plan	L.A. Care Health Plan	LI	Los Angeles
San Francisco Health Plan	San Francisco Health Plan	LI	San Francisco
Santa Clara Family Health Plan	Santa Clara Family Health Plan	LI	Santa Clara

** As of January 1, 2008, Blue Cross – San Diego is no longer a contracted plan.

Who Responded to the Survey?

Across all MCMC plans, a total of 38,824 adult surveys and 85,028 child surveys were mailed to members. Between the end of February and the middle of May 2007, a total of 12,985 adult members and 25,224 child members responded to this survey.

A response rate is calculated for those members who are eligible and able to respond. According to the National Committee for Quality Assurance (NCQA) protocol, ineligible members include those who are deceased, who do not meet the eligible population criteria, who speak a language other than English or Spanish, or who are either mentally or physically incapacitated (adult members only). Non-respondents include those members who refused to participate in the survey, could not be reached due to an invalid address or telephone number, or were unable to be reached during the survey administration time frame.

Calculation Method:

Ineligible surveys are subtracted from the sample size when computing a response rate as shown below.

$$\frac{\text{Completed surveys (mail + phone)}}{\text{Sample size} - \text{Ineligible surveys}} = \text{NCQA-Adjusted Response Rate}$$

The table below shows the total number of members sampled, the number of surveys mailed to ineligible members, the number of surveys completed, and the response rate.

	Total Adult	Total Child	Child (General Population/Sample A)[1]	CCC Oversample (Sample B)
Surveys to Members (*i.e.*, sample size)	38,824	85,028	46,576	38,452
Number of Surveys Completed	12,985	25,224	13,418	11,806
Ineligible Surveys	1,958	2,207	1,355	852
NCQA-Adjusted Response Rate	35%	30%	30%	31%

[1]*This is the general population of child members who were randomly selected to participate in the CAHPS 3.0H survey during the initial sampling process. For further explanation, please see the upcoming section "Notes for Reading Report" on page 14.*

Demographic Statistics of Survey Respondents

Adult Members Surveyed:

- Average age is 42 years old
- 77% are female
- 49% are Hispanic or Latino, 34% are White/Caucasian*
- 11% smoke every day
- 27% have an ongoing physical or mental impairment
- 70% have a high school education or less

Parents/Guardians Surveyed (responding for their child):

- Average age of parents/guardians is 35 years old
- 76% of parents/guardians have a high school education or less
- 64% of parents/guardians speak mainly Spanish at home, 30% of parents/guardians speak mainly English at home, 6% speak another language

Child Members (General Population/Sample A):

- The average age is 7 years old
- 53% are female
- 76% are Hispanic or Latino, 34% are White/Caucasian*
- 52% speak mainly Spanish at home, 44% speak mainly English at home, 5% speak another language
- 68% have been a member for two or more years

**Respondents could identify more than one racial/ethnic group.*

Notes for Reading Report:

1. For brevity, certain terms are used throughout this report to define the population segments surveyed. The term "child members" refers to the general population of child members who were randomly selected (with replacement) for the CAHPS 3.0H child survey during the sampling process (Sample A/General Population) prior to taking another sample or "oversampling" to draw Sample B. Sample B, or "CCC Oversample," is for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs. The CSHCN population consists of all child members identified as having a chronic condition, as defined by the parent's/guardian's responses to the CCC survey-based screening tool.
2. The CCC survey-based screening tool (questions 93 to 97a) contains five questions representing five different health consequences; four are three-part questions and one is a two-part question. A child member is identified as having a chronic condition if all parts of the question for at least one of the specific health consequences are answered "Yes."
3. It's important to note that the CCC population data set is a subset of Sample A. For example, if a child member is randomly selected for the CAHPS child survey sample (Sample A/General Population) and is identified as having a chronic condition based on responses to the CCC survey-based screening tool, then that member would be included in both the Sample A and Sample B results.
4. Overall, 31 percent of the child members across all MCMC plans qualified as having special health care needs based on the parent's/guardian's responses to the CCC survey-based screening tool (7,749 out of the 25,224 completed child surveys).
5. The MCMC adult and child overall averages are calculated from the surveys collected for all 30 contracts within the MCMC care plans and were weighted to be proportionate to plan enrollment. However, an MCMC overall average was not calculated for CSHCN members because these members were identified by the CCC survey-based screening tool.
6. In 2007, NCQA adopted the 4.0H version of the CAHPS® Adult Medicaid Satisfaction Survey. Therefore, some of the survey results from 2004, when the 3.0H Adult version was administered, are not trendable with the 4.0H version used in 2007.
7. Since the 4.0H version of the CAHPS® Child Medicaid Satisfaction Survey has not yet been released by NCQA, the 3.0H Child version was administered. Therefore, the survey results from 2004 are trendable with the 2007 survey results, where applicable.
8. Caution should be taken when evaluating data with a small base due to the representational limitations inherent in such a small sample size. To obtain a reportable result, the managed care plans must achieve a denominator of at least 100 responses. For purposes of this report, if the denominator for a particular survey result calculation is less than 100, an asterisk (*) is noted to the right of the percentage. The denominator for a rating question is equal to the total number of responses to that question, while the denominator for a composite is the average number of responses across all questions used to calculate the composite results.

Notes for Reading Report (continued):

9. The table below explains the Medi-Cal managed care contract model types in detail.

Model	Characteristics
Geographic Managed Care (GMC)	Mandatory enrollment of the Temporary Assistance to Needy Families (TANF) population into commercially operated managed care plans, with enrollees choosing between multiple plans in their area.
County-Organized Health System (COHS)	Mandatory enrollment of nearly all of the Medi-Cal eligible population into the managed care system developed by the county.
Two-Plan Model (includes Commercial Plans [CPs] and Local Initiatives [LIs])	Mandatory enrollment of the TANF population into one of two managed care entities (CP or LI). CP is a commercially operated managed care plan and LI is a community-developed plan designed to meet the specific needs of the community served. Both CP and LI model plans can subcontract with other entities to provide services in the respective county of operation.

Notes for Reading Report (continued):

10. The table below illustrates the adult member composite areas and the response choices for each.

Getting Needed Care	Response Choices
In the last 6 months, how often was it easy to get appointments with specialists?	Never Usually Sometimes Always
In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?	Never Usually Sometimes Always
Getting Care Quickly	**Response Choices**
In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?	Never Usually Sometimes Always
In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?	Never Usually Sometimes Always
How Well Doctors Communicated	**Response Choices**
In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Never Usually Sometimes Always
In the last 6 months, how often did your personal doctor listen carefully to you?	Never Usually Sometimes Always
In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never Usually Sometimes Always
In the last 6 months, how often did your personal doctor spend enough time with you?	Never Usually Sometimes Always

Notes for Reading Report (continued):

10. The table below illustrates the adult member composite areas and the response choices for each. (continued)

Shared Decision-Making	Response Choices	
In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?	Definitely No Somewhat No	Somewhat Yes Definitely Yes
In the last 6 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?	Definitely No Somewhat No	Somewhat Yes Definitely Yes
Customer Service	**Response Choices**	
In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?	Never Sometimes	Usually Always
In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Never Sometimes	Usually Always
In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Never Sometimes	Usually Always
In the last 6 months, how often were the forms from your health plan easy to fill out?	Never Sometimes	Usually Always

Notes for Reading Report (continued):

11. The table below illustrates the child member composite areas and the response choices for each.

Getting Needed Care	Response Choices
Since your child joined his or her health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?	A big problem A small problem Not a problem
In the last 12 months, how much of a problem, if any, was it to see a specialist that your child needed to see?	A big problem A small problem Not a problem
In the last 12 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?	A big problem A small problem Not a problem
In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?	A big problem A small problem Not a problem

Getting Care Quickly	Response Choices
In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?	Never Sometimes Usually Always
In the last 12 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted?	Never Sometimes Usually Always
In the last 12 months, not counting the times you needed health care right away, how often did your child get an appointment for health care as soon as you wanted?	Never Sometimes Usually Always
In the last 12 months, how often was your child taken to the exam room within 15 minutes of his or her appointment?	Never Sometimes Usually Always

Notes for Reading Report (continued):

11. The table below illustrates the child member composite areas and the response choices for each. (continued)

How Well Doctors Communicate	Response Choices
In the last 12 months, how often did your child's doctors or other health providers listen carefully to you?	Never Sometimes Usually Always
In the last 12 months, how often did your child's doctors or other health providers explain things in a way you could understand?	Never Sometimes Usually Always
In the last 12 months, how often did your child's doctors or other health providers show respect for what you had to say?	Never Sometimes Usually Always
In the last 12 months, how often did doctors or other health providers spend enough time with your child?	Never Sometimes Usually Always
Courteous and Helpful Office Staff	**Response Choices**
In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?	Never Sometimes Usually Always
In the last 12 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?	Never Sometimes Usually Always
Customer Service	**Response Choices**
In the last 12 months, how much of a problem, if any, was it to find or understand this information?	A big problem A small problem Not a problem
In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?	A big problem A small problem Not a problem

III. SUMMARY CONCLUSIONS

A. ADULT MEMBERS
B. CHILD MEMBERS

A. Adult Members

- Across the MCMC program, adult members were most satisfied with their specialist, followed closely by satisfaction with their personal doctor and their health plan. Adult members appear to be least satisfied with the overall health care they received.
  - Notably, adult members reported significantly less satisfaction in 2007 than in 2004 with their personal doctor (average rating of 8.1 down from 8.3), the overall health care they received (7.6 down from 8.0) and their health plan (7.9 down from 8.1).
- When 80 percent or more of the total responses for a composite area fall within the most positive of the response categories, the result is indicative of high performance in that composite area. The most positive responses for each of the five adult member composite areas include:

Best-Response %	Composite Area
59% Always	How Well Doctors Communicate
54% Definitely Yes	Shared Decision-Making
45% Always	Customer Service
45% Always	Getting Care Quickly
40% Always	Getting Needed Care

- Based on respondents' perceptions of the care and services they received, adult members expressed low satisfaction with:
  - Access at the plan level, specifically, responses indicate that:

Best-Response %	Composite Area	Question Abbreviations
45% Always	Customer Service	Received info/help needed
43% Always	Customer Service	Found forms easy to fill out
41% Always	Getting Needed Care	Got care/tests/treatment
38% Always	Getting Needed Care	Got to see a specialist
27% Always	Customer Service	Provided needed info

  - Access at the provider level, specifically, responses indicate that:

55% Always	How Well Doctors Communicate	Explained things to patient
50% Always	How Well Doctors Communicate	Spent enough time with patient
47% Always	Getting Care Quickly	Received care as soon as wanted
42% Always	Getting Care Quickly	Got appt. for health care

B. Child Members

- Parents/Guardians were most satisfied with their child's health plan, followed closely by satisfaction with their child's personal doctor or nurse, health care overall and specialist.
  - Notably, parents/guardians reported significantly more satisfaction in 2007 than in 2004 with their child's health plan (average rating of 8.9 up from 8.6) and health care overall (8.5 up from 8.4).
- Overall, parents/guardians were most positive about successfully obtaining the necessary care for their child (80% not a problem) and about their child's health plan's customer service (79% not a problem).
  - Parents/Guardians reported a significantly greater satisfaction with these composite areas (*Getting Needed Care* and *Customer Service*) in 2007 than in 2004, as indicated by 3 percent and 4 percent increases in the most positive response category for each, respectively.
- On the other hand, parents/guardians were less positive about their experiences with the following composite areas:

Best-Response %	Composite Area
52% Always	How Well Doctors Communicate
52% Always	Courteous and Helpful Office Staff
37% Always	Getting Care Quickly

- Based on the percentage of parents/guardians selecting the most positive response to each question, the following areas relating to access at the plan level are identified as high performers (i.e., an average rating of 80 percent or higher for the most positive response category):

Best-Response %	Composite Area	Question Abbreviations
93% not a problem	Getting Needed Care	Delays in health care
82% not a problem	Getting Needed Care	Getting doctor happy with
81% not a problem	Customer Service	Ease of finding info
80% not a problem	Getting Needed Care	Get care/tests/treatment

- Based on their perception of the care and services their child receives, parents/guardians expressed low satisfaction with access at the provider level, specifically:

48% Always	Getting Care Quickly	Received help needed
48% Always	Courteous and Helpful Office Staff	Are helpful
47% Always	Getting Care Quickly	Got care needed for illness
41% Always	Getting Care Quickly	Got appt. for health care
34% Always	How Well Doctors Communicate	Spent enough time with patient
13% Always	Getting Care Quickly	Taken to exam room w/in 15 min.

IV. RESULTS

A. ADULT MEMBERS (4.0H CAHPS SURVEY) Page 26
B. CHILD MEMBERS (3.0H CAHPS SURVEY) Page 68

A. ADULT MEMBERS (4.0H CAHPS SURVEY)

1. MEDI-CAL MANAGED CARE CONTRACTED PLAN SELECTED RESULTS
2. OVERALL RESULTS BY MCMC MODEL-TYPE
3. SUPPLEMENTAL QUESTIONS BY MCMC MODEL-TYPE
4. OVERALL RESULTS BY MCMC CONTRACTED PLAN
5. SUPPLEMENTAL QUESTIONS BY MCMC CONTRACTED PLAN

1. MEDI-CAL MANAGED CARE CONTRACTED PLAN SELECTED RESULTS

- By investigating the individual questions of each composite measure within the survey, the areas where contracted plans (either individually or collectively) are performing well and the areas for improvement can be identified.
- The adult member survey results show that none of the individual questions within each composite measure received 80 percent or more of the question's responses in the most positive response category. Thus, no composite measure can be considered an area of high performance.
- Opportunities for improvement at both the plan and provider level have been identified to mitigate member dissatisfaction.
- The chart on pages 29 and 30 displays respondent percentages (plan rates) in red whenever 20 percent or more of each plan's survey respondents selected answers from one of the two most negative response categories associated with a particular measure. The following CAHPS measures present opportunities for improvement, since more than half of the 30 plans listed in the chart received red rates:

Percent of 30 Plans with Red Rate	Composite Area	Question Abbreviation
93%	Getting Care Quickly	Got appt. for health care
83%	Getting Needed Care	Got care/tests/treatment
80%	Getting Care Quickly	Received care as soon as wanted
77%	Getting Needed Care	Got to see specialist
70%	How Well Doctors Communicate	Spent enough time with patient
53%	How Well Doctors Communicate	Explained things to patient

Composite measures are groupings of several questions that measure similar aspects of health care or health plan services. The table below and on the following page illustrates the composite areas, the questions that comprise each area and the response choices for each question, as well as the question abbreviations that are used in the tables on subsequent pages.

Getting Needed Care	Abbreviations	Response Choices
In the last 6 months, how often was it easy to get appointments with specialists?	Got to see specialist	Never Usually Sometimes Always
In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?	Got care/tests/treatment	Never Usually Sometimes Always
Getting Care Quickly	**Abbreviations**	**Response Choices**
In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?	Received care as soon as wanted	Never Usually Sometimes Always
In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?	Got appt. for health care	Never Usually Sometimes Always
How Well Doctors Communicate	**Abbreviations**	**Response Choices**
In the last 6 months, how often did your personal doctor listen carefully to you?	Listened to patient	Never Usually Sometimes Always
In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?	Explained things to patient	Never Usually Sometimes Always
In the last 6 months, how often did your personal doctor show respect for what you had to say?	Showed respect for what patient had to say	Never Usually Sometimes Always
In the last 6 months, how often did your personal doctor spend enough time with you?	Spent enough time with patient	Never Usually Sometimes Always

Shared Decision-Making	Abbreviations	Response Choices	
In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?	Talked about pros and cons	Definitely No Somewhat No	Somewhat Yes Definitely Yes
In the last 6 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?	Asked which choice was best	Definitely No Somewhat No	Somewhat Yes Definitely Yes
Customer Service	**Abbreviations**	**Response Choices**	
In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?	Provided needed info	Never Sometimes	Usually Always
In the last 6 months, how often did your health plan's customer service give you the information or help you needed?	Received info/help needed	Never Sometimes	Usually Always
In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?	Treated with courtesy and respect	Never Sometimes	Usually Always
In the last 6 months, how often were the forms from your health plan easy to fill out?	Found forms easy to fill out	Never Sometimes	Usually Always

Medi-Cal Managed Care Contracted Plan Selected Results (continued) IV. A. 1.

Notes for understanding this chart:
Green percentages show areas where the contracted plan is performing well. That is, ≥80% of responses fell within the most positive response category of "Always" or "Definitely Yes."
Red percentages identify potential areas of concern where ≥20% of responses fell within the two most negative response categories.
Black percentage show areas where a plan's result for that measure was <80% for the most positive response category.

		Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate				Shared Decision-Making		Health Plan's Customer Service			
Model Type	Plan Name	Got to see specialist	Got care/ tests/ treatment	Received care as soon as wanted	Got appt. for health care	Listened to patient	Explained things to patient	Showed respect for what patient had to say	Spent enough time with patient	Talked about pros & cons	Asked which choice was best	Provided needed info	Received info/help needed	Treated with courtesy/ respect	Found forms easy to fill out
LI	Alameda	37%	33%	31%	38%	61%	21%	68%	22%	52%	56%	*	*	*	*
CP	Blue Cross of California (CP)	*	32%	31%	32%	61%	23%	65%	23%	55%	46%	*	*	*	*
GMC-North	Blue Cross of California (Sacramento)	26%	26%	27%	29%	56%	27%	61%	24%	56%	53%	*	*	*	*
GMC-South	Blue Cross of California (San Diego)	31%	32%	30%	27%	57%	59%	68%	24%	47%	45%	*	*	*	*
LI	Blue Cross of California (Stanislaus)	33%	28%	24%	30%	63%	21%	67%	24%	52%	57%	*	*	*	24%
LI	Blue Cross of California (Tulare)	39%	24%	27%	31%	67%	56%	69%	20%	50%	57%	*	*	*	25%
COHS	CalOptima	36%	34%	27%	31%	60%	20%	59%	22%	51%	48%	*	32%	22%	30%
GMC-North	Care1st Health Plan (Sacramento)	*	38%	*	30%	61%	58%	67%	26%	*	*	*	*	*	*
GMC-South	Care1st Health Plan (San Diego)	*	*	*	*	*	*	*	*	*	*	*	*	*	*
COHS	Central Coast Alliance for Health	52%	20%	54%	22%	68%	59%	72%	56%	59%	57%	*	21%	*	27%
GMC-South	Community Health Group	27%	32%	*	36%	63%	21%	65%	26%	50%	*	*	*	*	*
LI	Contra Costa Health Plan	33%	31%	31%	32%	68%	65%	75%	62%	51%	53%	*	31%	*	23%
CP	Health Net (CP)	36%	37%	26%	32%	61%	26%	66%	27%	*	*	*	*	*	24%
GMC-North	Health Net (Sacramento)	*	41%	34%	45%	24%	32%	49%	28%	*	*	*	*	*	*
GMC-South	Health Net (San Diego)	44%	32%	27%	35%	57%	20%	62%	26%	*	*	*	*	*	*

** NA (Not Applicable) indicates the MCO received fewer than 100 responses to the question, so the result is invalid and not reportable (HEDIS® 2006, Vol. 3, pg. 72).*

Medi-Cal Managed Care Contracted Plan Selected Results (continued) IV. A. 1.

Notes for understanding this chart:
Green percentages show areas where the contracted plan is performing well. That is, ≥80% of responses fell within the most positive response category of "Always" or "Definitely Yes."
Red percentages identify potential areas of concern where ≥20% of responses fell within the two most negative response categories.
Black percentage show areas where a plan's result for that measure was <80% for the most positive response category.

		Getting Needed Care		Getting Care Quickly		How Well Doctors Communicate				Shared Decision-Making		Health Plan's Customer Service			
Model Type	Plan Name	Got to see specialist	Got care/ tests/ treatment	Received care as soon as wanted	Got appt. for health care	Listened to patient	Explained things to patient	Showed respect for what patient had to say	Spent enough time with patient	Talked about pros & cons	Asked which choice was best	Provided needed info	Received info/help needed	Treated with courtesy/ respect	Found forms easy to fill out
LI	Health Plan of San Joaquin	34%	29%	21%	29%	59%	21%	69%	25%	51%	47%	*	*	*	29%
COHS	Health Plan of San Mateo	27%	51%	20%	28%	65%	61%	71%	57%	58%	53%	*	33%	55%	29%
LI	Inland Empire Health Plan	38%	31%	27%	27%	20%	23%	63%	25%	50%	52%	*	29%	67%	58%
GMC-North	Kaiser Permanente (Sacramento)	26%	55%	64%	56%	69%	72%	77%	64%	65%	60%	*	29%	59%	56%
GMC-South	Kaiser Permanente (San Diego)	31%	56%	58%	21%	71%	72%	76%	63%	68%	57%	*	31%	61%	44%
LI	Kern Family Health Care	33%	32%	28%	30%	65%	54%	74%	22%	55%	22%	*	*	*	21%
LI	L.A. Care Health Plan	37%	30%	25%	29%	66%	58%	67%	20%	59%	61%	*	*	*	29%
CP	Molina Healthcare (CP)	47%	41%	30%	33%	59%	22%	67%	24%	53%	56%	*	45%	60%	*
GMC-North	Molina Healthcare (Sacramento)	*	38%	29%	35%	23%	25%	22%	30%	*	*	*	*	*	*
GMC-South	Molina Healthcare (San Diego)	42%	38%	25%	37%	20%	28%	65%	29%	56%	58%	*	*	*	*
COHS	Partnership HealthPlan	23%	21%	23%	26%	68%	65%	76%	59%	59%	56%	*	*	*	46%
LI	San Francisco Health Plan	33%	29%	29%	42%	57%	21%	63%	20%	47%	50%	*	*	*	37%
COHS	Santa Barbara Regional Health Authority	20%	48%	23%	26%	66%	60%	70%	57%	52%	49%	*	*	*	30%
LI	Santa Clara Family Health Plan	38%	35%	30%	40%	62%	21%	63%	21%	52%	53%	*	*	*	28%
GMC-North	Western Health Advantage	39%	32%	30%	31%	65%	63%	74%	53%	58%	54%	*	*	*	*
	% OF PLANS W/ RED RATES:	**77%**	**83%**	**80%**	**93%**	**13%**	**53%**	**3%**	**70%**	**0%**	**3%**	**0%**	**23%**	**3%**	**43%**

** NA (Not Applicable) indicates the MCO received fewer than 100 responses to the question, so the result is invalid and not reportable (HEDIS® 2006, Vol. 3, pg. 72).*

2. OVERALL RESULTS BY MEDI-CAL MANAGED CARE MODEL-TYPE

a) RESULTS SYNOPSIS
b) AVERAGE RESPONSE CALCULATION METHOD
c) AVERAGE RESPONSE BY SURVEY QUESTION
d) COMPOSITE PERCENTAGES CALCULATION METHOD
e) COMPOSITE BEST-RESPONSE PROPORTIONS AS PERCENTAGES

Average Response by Survey Question

- Overall, the County-Organized Health System (COHS) and the Two-Plan Model Local Initiatives (LI) are performing better than the other model-types for most of the measures rated among adult members.
- The Geographic Managed Care (GMC) of Northern California and the GMC of Southern California are performing worse than the other model-types for many of the measures rated.
- The Two-Plan Model Commercial Plans (CP) are performing somewhere in the middle.
- Compared to 2004, the 2007 adult-member results indicate that overall ratings have decreased among most model-types with regards to members' satisfaction with their personal doctor, overall health care, and overall health plan.
- Ratings for specialists remained constant among each model-type from 2004 to 2007.

Composite Best-Response Proportions as Percentages

- Model-type performance varied among each of the five composite areas.
- The COHS model average is higher than the Medi-Cal Adult overall average for the composite area: *Getting Care Quickly.*
- The CP model average is lower than the Medi-Cal Adult overall average for the composite areas: *How Well Doctors Communicate* and *Shared Decision-Making.*

Average Response by Survey Question

The data presented in this section represent each model-type's average (or mean) result for members rating their personal doctor, their specialist, overall health care and overall health plan on a "0 to 10" scale, where a "0" means the worst possible and a "10" means the best possible.

Calculation Method:

The average rating is the sum of the response values divided by the total number of responses. It identifies the central location of the data and is calculated using the following formula:

$$\frac{\sum(X)}{N} = M$$

Where: $\sum$ equals the sum of

X equals the individual response values (data points)

N equals the number of member responses (n size)

Note: Missing responses are not included in the mean/average rating calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula:

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \text{ x } (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \text{ x } (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

n1 – First n size

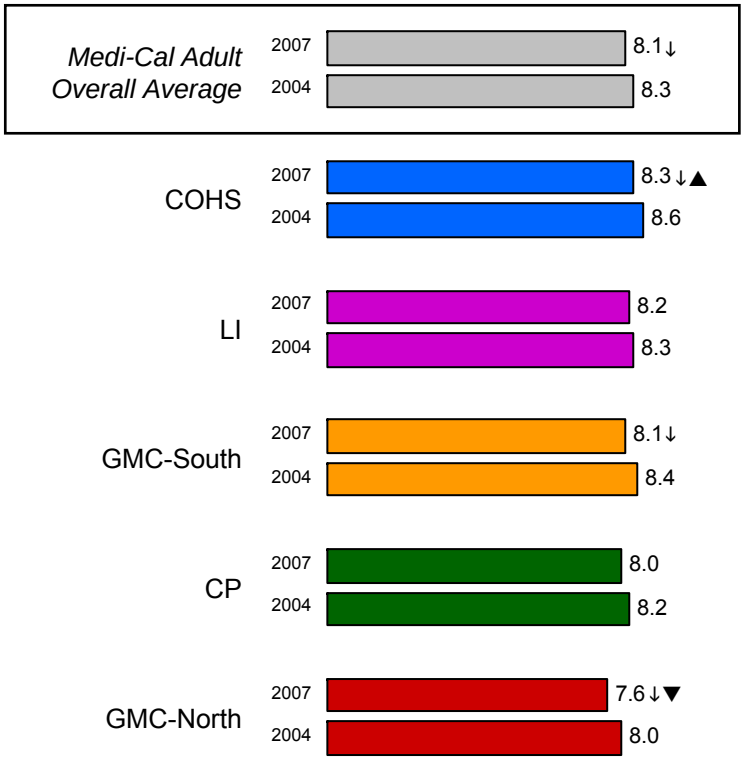
P2 – Second percentage

n2 – Second n size

Personal Doctor Ratings *(Mean/Average)*

Members who have one person they think of as their personal doctor or nurse were asked to rate their personal doctor overall using a "0 to 10" scale, where a "0" means the worst personal doctor possible and a "10" means the best personal doctor possible.

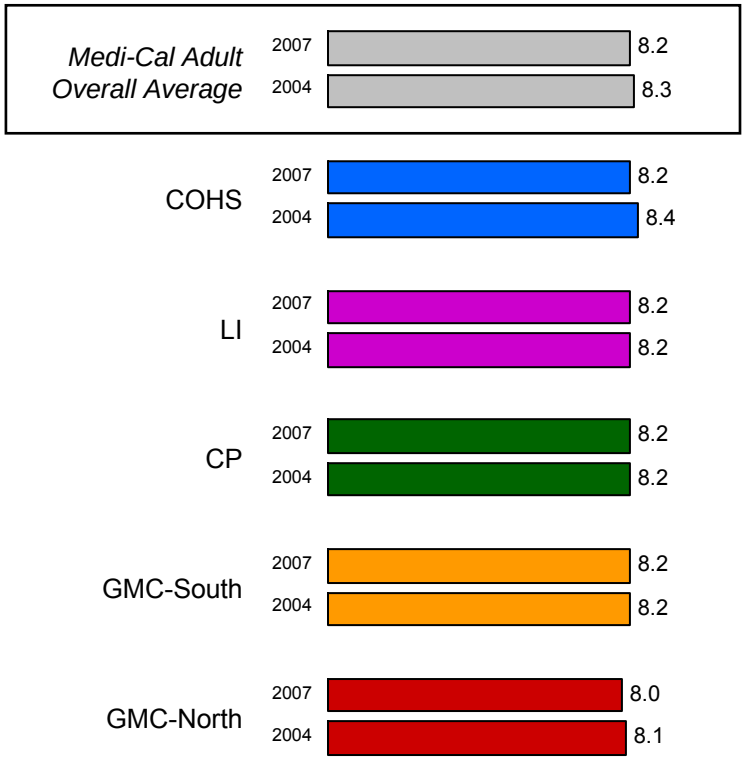
Adult Ratings



Specialist Ratings *(Mean/Average)*

Members who had seen a specialist in the past six months were asked to rate their specialist overall using a "0 to 10" scale, where a "0" means the worst specialist possible and a "10" means the best specialist possible.

Adult Ratings



↑ significant increase from 2004

↓ significant decrease from 2004

▲ significantly higher than Medi-Cal Adult Overall Average

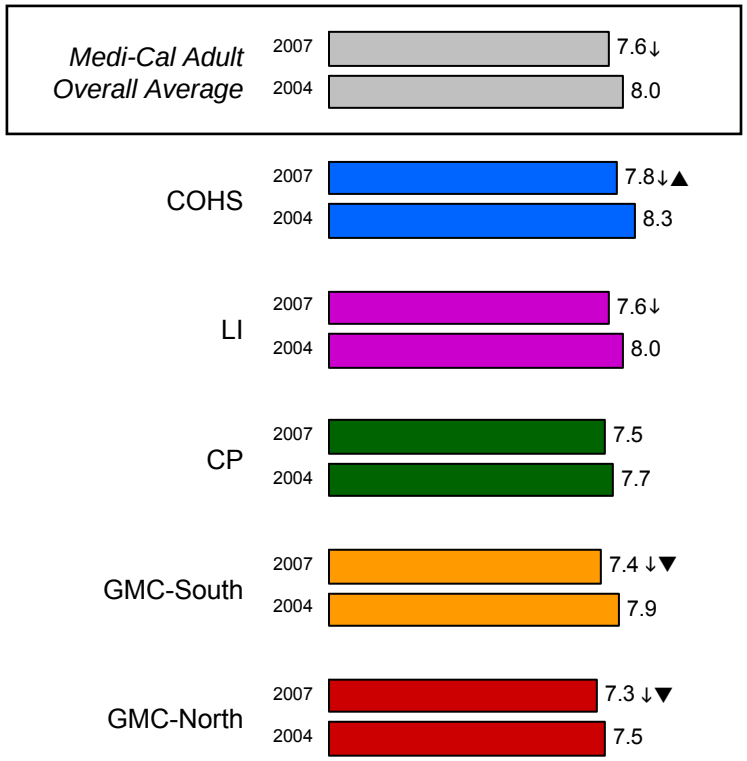
▼ significantly lower than Medi-Cal Adult Overall Average

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Health Care Ratings *(Mean/Average)*

Members who went to a doctor's office or clinic in the past six months were asked to rate their health care overall using a "0 to 10" scale, where a "0" means the worst health care possible and a "10" means the best health care possible.

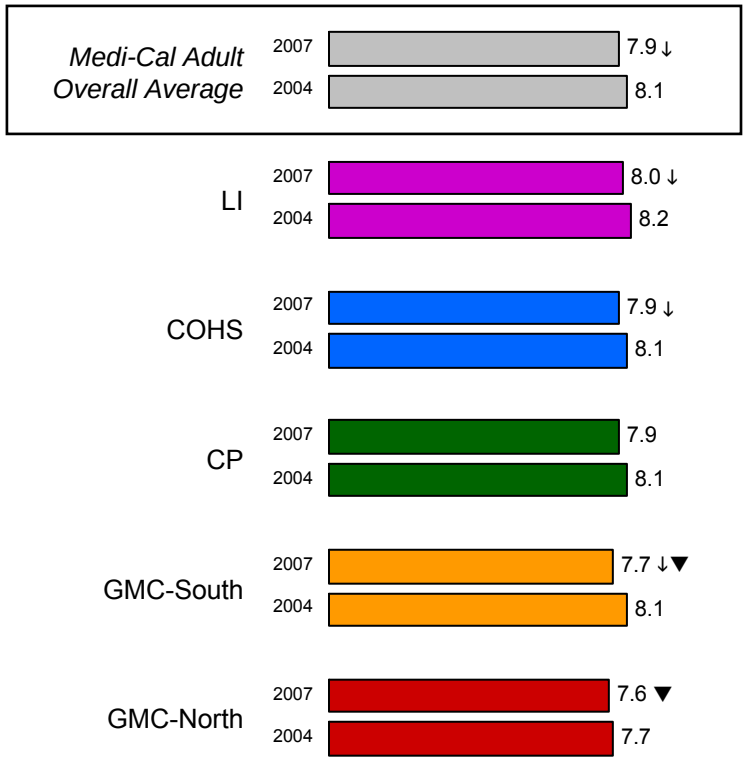
Adult Ratings



Health Plan Ratings *(Mean/Average)*

Members were asked to rate their health plan overall using a "0 to 10" scale, where a "0" means the worst health plan possible and a "10" means the best health plan possible.

Adult Ratings



↑ significant increase from 2004

↓ significant decrease from 2004

▲ significantly higher than Medi-Cal Adult Overall Average

▼ significantly lower than Medi-Cal Adult Overall Average

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Composite Best-Response Proportions as Percentages

The data presented in this section represent the proportion of each model-type's total responses that were attributed to the most positive response category for each composite area and that proportion converted to a percentage. Each composite area is derived by combining survey results of similar questions; such areas include: *Getting Needed Care, Getting Care Quickly, Customer Service, Shared Decision-Making,* and *How Well Doctors Communicate*.

Calculation Method:

The most positive response percentage is calculated using the following formula.

$$(X/N) \times 100\% = P$$

Where: X equals the number of responses in the most positive response category (*always* or *definitely yes*)

N equals the number of member responses (n size)

Note: Missing responses are not included in this calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula.

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \times (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \times (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

n1 – First n size

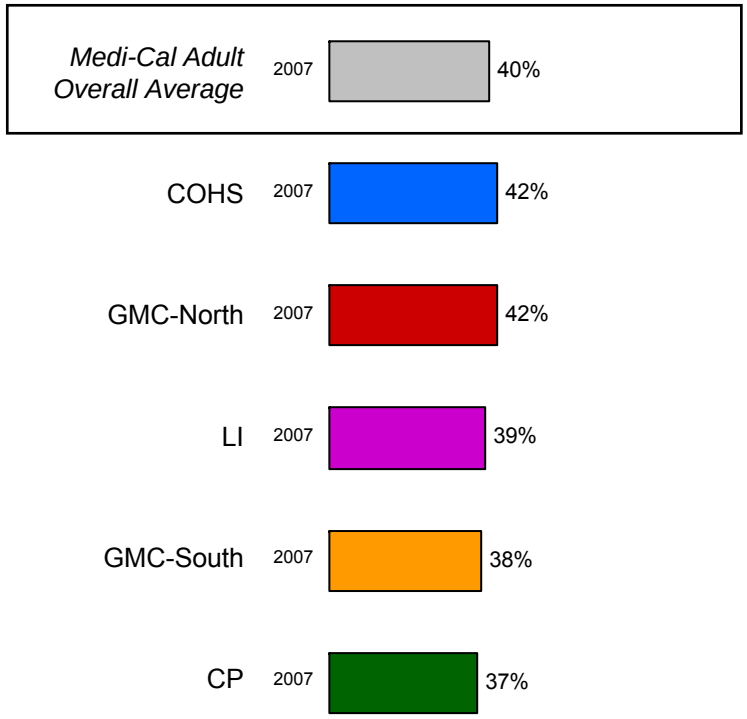
P2 – Second percentage

n2 – Second n size

Getting Needed Care *(Percent rated "Always")*

Getting Needed Care is a composite category of two questions regarding whether members never, sometimes, usually or always got to see a specialist that they needed to see and got the care, tests, or treatment they or their doctor believed necessary.

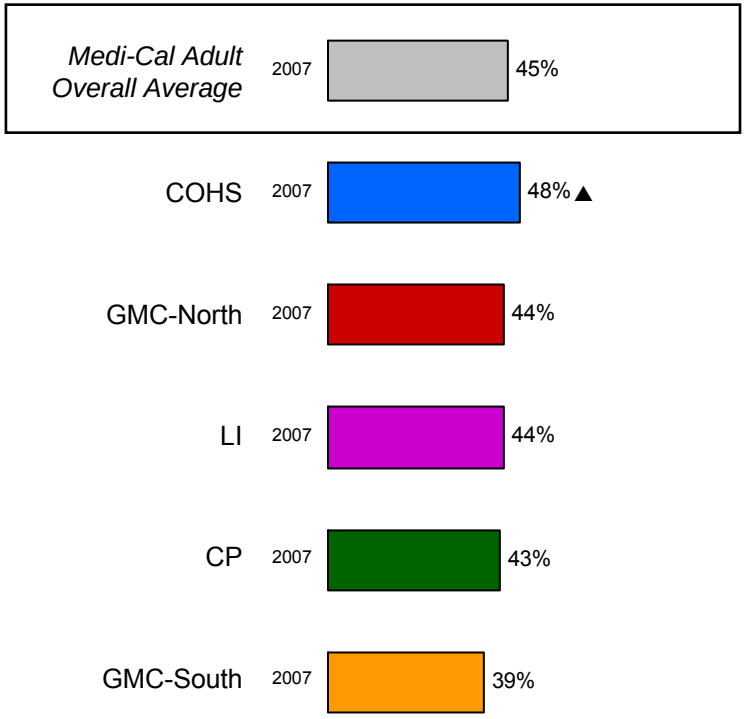
Adult Ratings



Getting Care Quickly *(Percent rated "Always")*

Getting Care Quickly is a composite category of two questions regarding whether members never, sometimes, usually or always received the care needed as soon as they wanted and received an appointment for health care at a doctor's office or clinic as soon as they wanted.

Adult Ratings



▲ significantly higher than Medi-Cal Adult Overall Average

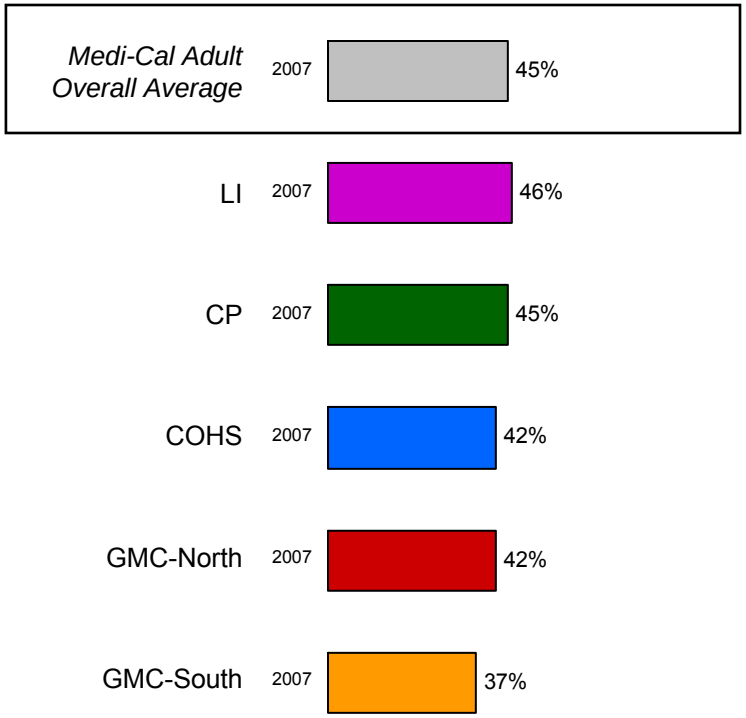
▼ significantly lower than Medi-Cal Adult Overall Average

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Customer Service *(Percent rated "Always")*

Customer Service is a composite category of four questions regarding whether members never, sometimes, usually or always were provided with the information they needed in written materials or on the Internet about how their health plan works, received the information or help needed from their health plan's customer service, were treated with courtesy and respect by the health plan's customer service staff and found the forms from their health plan easy to fill out.

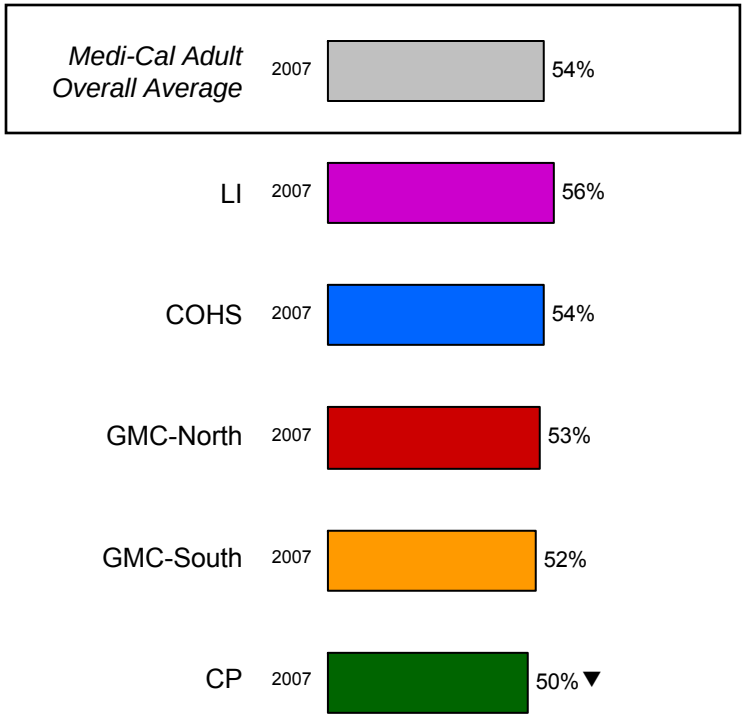
Adult Ratings



Shared Decision-Making *(Percent rated "Definitely Yes")*

Shared Decision-Making is a composite category of two questions regarding whether providers definitely did not, somewhat did not, somewhat did or definitely did talk with them about the pros and cons of each choice for their treatment or health care and asked them which choice was best when there was more than one choice for treatment or health care.

Adult Ratings



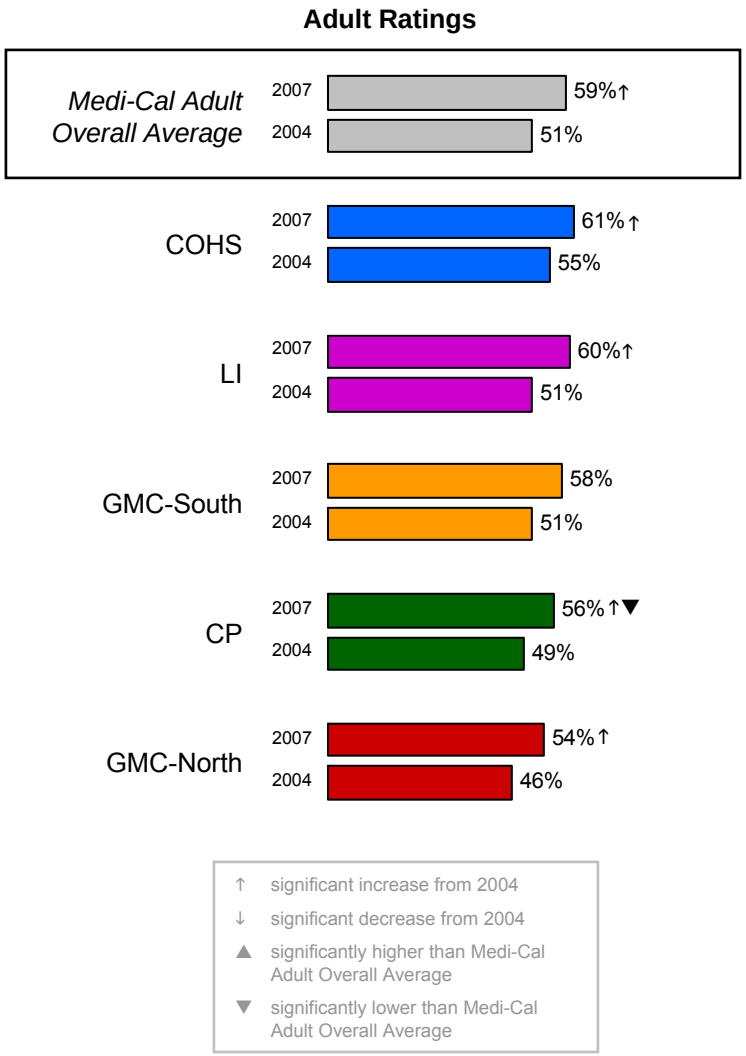
▲ significantly higher than Medi-Cal Adult Overall Average

▼ significantly lower than Medi-Cal Adult Overall Average

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

How Well Doctors Communicate *(Percent rated "Always")*

How Well Doctors Communicate is a composite category of four questions regarding whether providers never, sometimes, usually or always listened carefully to members, explained things in a way they could understand, showed respect for what they had to say, and spent enough time with them.



Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

3. SUPPLEMENTAL QUESTIONS BY MEDI-CAL MANAGED CARE MODEL-TYPE

a) SELECT PROPORTIONS AS PERCENTAGES – CALCULATION METHOD
b) VISITED EMERGENCY ROOM IN PAST SIX MONTHS
c) HAVE AN ONGOING PHYSICAL OR MENTAL IMPAIRMENT
d) NUMBER OF VISITS DOCTOR DISCUSSED/RECOMMENDED PHYSICAL ACTIVITY/EXERCISE
e) NUMBER OF VISITS DOCTOR DISCUSSED/RECOMMENDED WEIGHT LOSS
f) ENGAGE IN PHYSICAL ACTIVITY OR EXERCISE

Select Proportions as Percentages

The data presented in this section represent the proportion of each model-type's total responses that were attributed to a particular response for each question asked and each proportion converted to a percentage. DHCS chose supplemental questions related to the frequency of emergency room visits, ongoing physical or mental impairment, and obesity.

Calculation Method:

The response percentage is calculated using the following formula.

$$(X/N) \times 100\% = P$$

Where: X equals the number of member responses in the selected response category

N equals the number of member responses (n size)

Note: Missing responses are not included in this calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula.

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \times (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \times (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

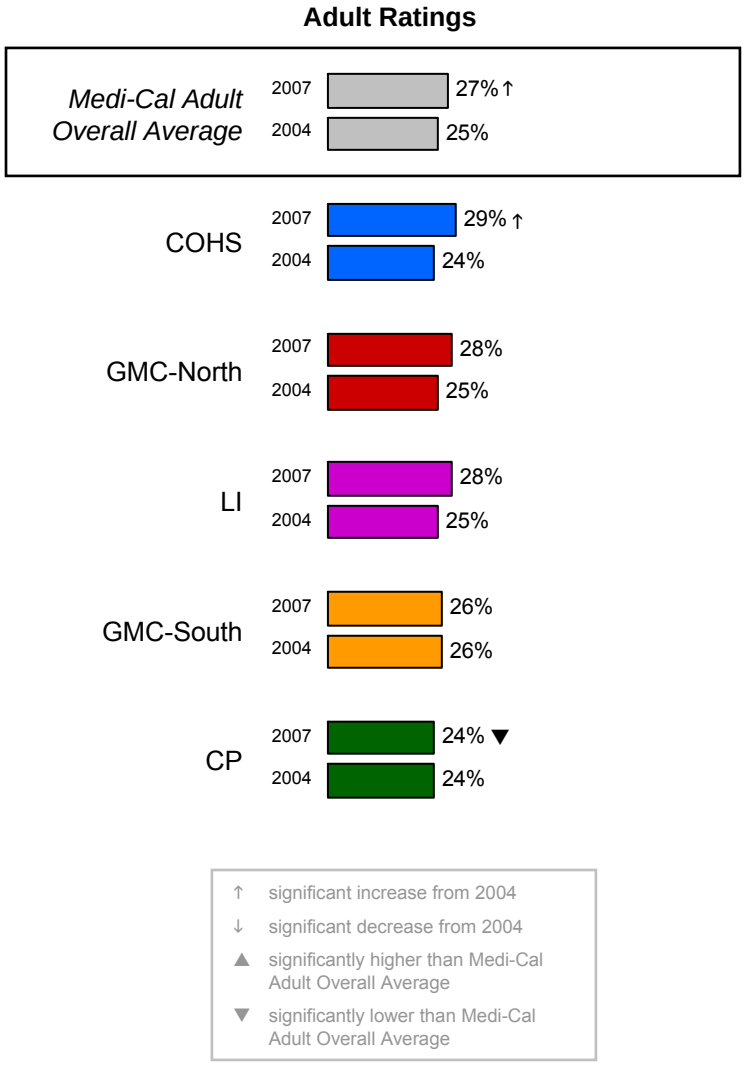
n1 – First n size

P2 – Second percentage

n2 – Second n size

b) *Visited Emergency Room in Past Six Months* *(Percent responding 1 or More Times)*

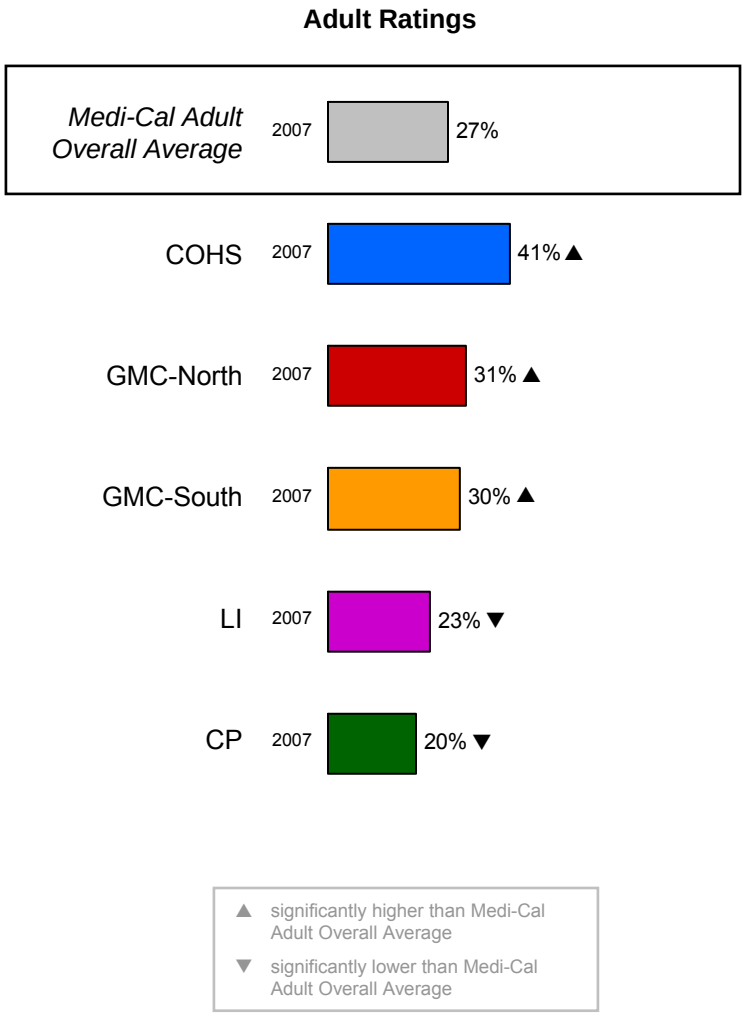
Members were asked how many times they went to an emergency room to get care for themselves in the past six months.



Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

c) Have an Ongoing Physical or Mental Impairment (Percent responding "Yes")

Members were asked if they have an ongoing physical or mental impairment, which limits their functioning, and for which they are under a doctor's care.

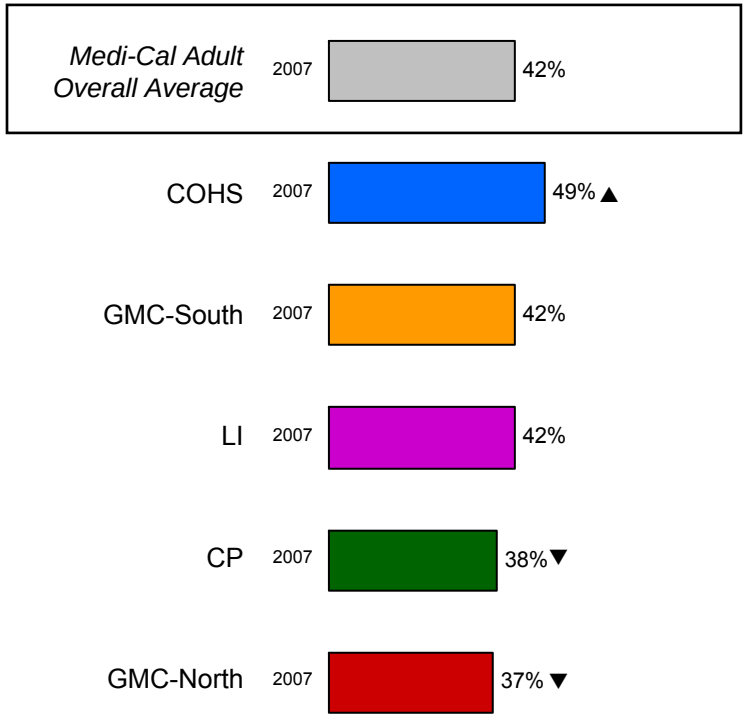


Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

d) Number of Visits Doctor Discussed/Recommended Physical Activity/Exercise *(Percent responding 1 or More Visits)*

Members were asked to identify how many visits over the previous six months included their doctor or health provider recommending or discussing physical activity or exercise.

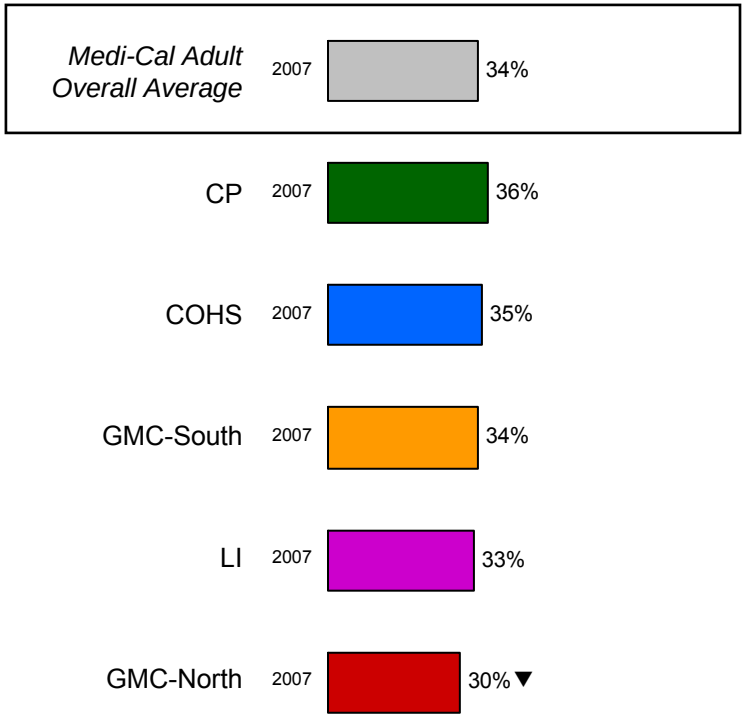
Adult Ratings



e) Number of Visits Doctor Discussed/Recommended Weight Loss *(Percent responding 1 or More Visits)*

Members were asked to identify how many visits over the previous six months included their doctor or health provider discussing the member's weight or recommending weight loss.

Adult Ratings



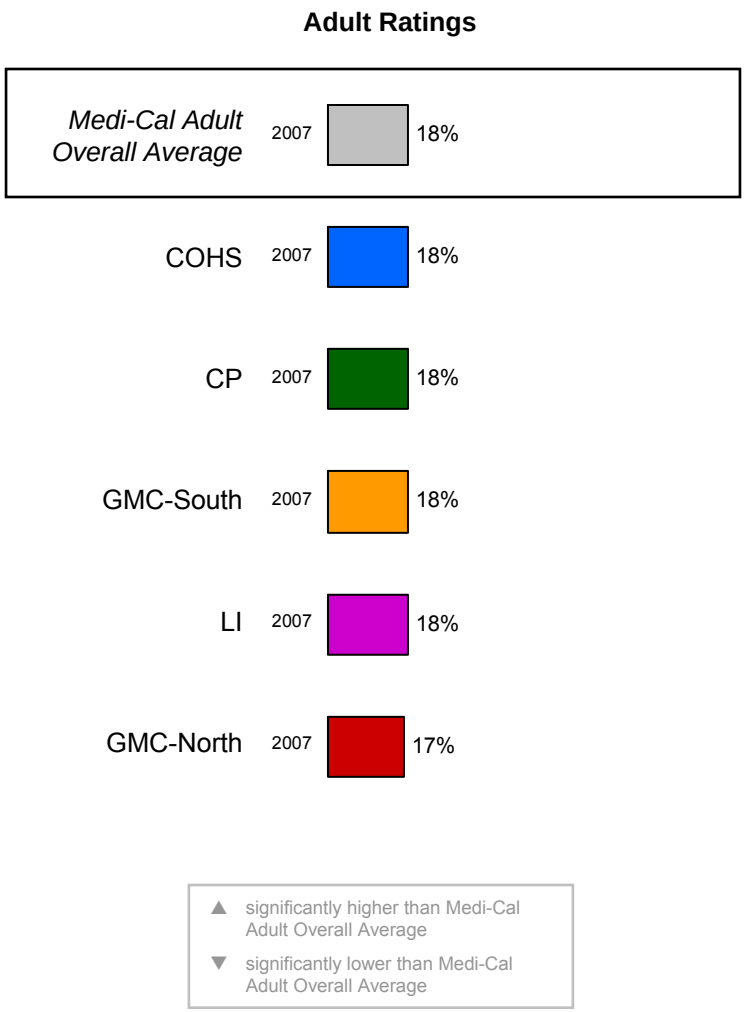
▲ significantly higher than Medi-Cal Adult Overall Average

▼ significantly lower than Medi-Cal Adult Overall Average

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

f) Engage in Physical Activity or Exercise (Percent rated "Always")

Members were asked whether within the last six months, they never, sometimes, usually or always engaged in physical activity or exercise for an average of 30 minutes per day.



Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

4. OVERALL RESULTS BY MEDI-CAL MANAGED CARE CONTRACTED PLAN

a) TOP FIVE AND BOTTOM FIVE PERFORMERS
b) AVERAGE RESPONSE CALCULATION METHODS
c) AVERAGE RESPONSE BY SURVEY QUESTION
d) COMPOSITE PERCENTAGES CALCULATION METHOD
e) COMPOSITE BEST-RESPONSE PROPORTIONS AS PERCENTAGES

Top Five and Bottom Five Performers

IV. A. 4. a)

- Five contracted plans were identified as high performers for most of the measures rated:
  - Central Coast Alliance;
  - Kaiser Permanente (Sacramento);
  - Kaiser Permanente (San Diego);
  - Partnership HealthPlan; and
  - Health Plan of San Mateo.
- Notably, three out of the five COHS plans are mentioned as plans that are performing well.
- In contrast, several plans performed among the bottom five contracted plans for most of the measures rated:
  - Health Net (Sacramento);
  - Molina Healthcare (Sacramento);
  - Molina Healthcare (San Diego);
  - San Francisco Health Plan;
  - Care1st Health Plan (Sacramento); and
  - CalOptima.

Average Response by Survey Question

The data presented in this section represent each contracted plan's average (or mean) result for members rating of their personal doctor, their specialist, overall health care and overall health plan on a "0 to 10" scale, where a "0" means the worst possible and a "10" means the best possible.

Calculation Method:

The average rating/mean is the sum of the response values divided by the total number of responses. IT identifies the central location of the data and is calculated using the following formula:

$$\frac{\sum(X)}{N} = M$$

Where: $\sum$ equals the sum of

X equals the individual response values (data points)

N equals the number of member responses (n size)

Note: Missing responses are not included in the mean/average rating calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula:

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \text{ x } (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \text{ x } (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

n1 – First n size

P2 – Second percentage

n2 – Second n size

Personal Doctor/Nurse Ratings *(Mean/Average)*

Members who have one person they think of as their personal doctor or nurse were asked to rate their personal doctor or nurse overall using a "0 to 10" scale, where a "0" means the worst personal doctor or nurse possible and a "10" means the best personal doctor or nurse possible.

Adult Ratings

	2004	2007
Medi-Cal Adult Overall Average	8.3	8.1 ↓
Kaiser Permanente (San Diego)	8.9	8.7 ▲
Partnership HealthPlan	8.6	8.6 ▲
Blue Cross of California (Tulare)	8.6	8.6 ▲
Health Plan of San Mateo	8.8	8.5 ↓▲
Central Coast Alliance for Health	8.8	8.5 ▲
Santa Barbara Regional Health Authority	8.7	8.5 ▲
Kaiser Permanente (Sacramento)	8.5	8.5 ▲
Kern Family Health Care	8.6	8.4 ▲
L.A. Care Health Plan	8.3	8.4
Care1st Health Plan (Sacramento)		8.2
Contra Costa Health Plan	8.6	8.2 ↓
Community Health Group	8.3	8.2
Western Health Advantage	8.4	8.1
Santa Clara Family Health Plan	8.4	8.1 ↓
Health Plan of San Joaquin	8.2	8.1
Health Net (CP)	8.2	8.1
Blue Cross of California (Stanislaus)	8.2	8.1
Molina Healthcare (CP)	8.0	8.1
San Francisco Health Plan	8.5	8.0 ↓
CalOptima	8.4	8.0 ↓
Blue Cross of California (San Diego)	8.3	8.0
Care1st Health Plan (San Diego)		7.9
Blue Cross of California (CP)	8.3	7.9 ↓
Alameda Alliance for Health	8.2	7.9 *
Health Net (San Diego)	8.2	7.7 ↓▼
Inland Empire Health Plan	8.0	7.7 ▼
Blue Cross of California (Sacramento)	7.9	7.6 ▼
Molina Healthcare (San Diego)		7.5 ▼
Molina Healthcare (Sacramento)	7.6	7.5 ▼
Health Net (Sacramento)	7.5	7.2 ▼

↑ significant increase from 2004

↓ significant decrease from 2004

▲ significantly higher than Medi-Cal Adult Overall Average

▼ significantly lower than Medi-Cal Adult Overall Average

* The managed care plan achieved a denominator of less than 100 responses.

COHS
CP
GMC-North
GMC-South
LI

Green = Top Five
Red = Bottom Five

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Specialist Ratings *(Mean/Average)*

Members who had seen a specialist in the past six months were asked to rate their specialist overall using a "0 to 10" scale, where a "0" means the worst specialist possible and a "10" means the best specialist possible.

	Adult Ratings 2004	Adult Ratings 2007
Medi-Cal Adult Overall Average	8.3	8.2
Central Coast Alliance for Health	8.7	8.7 ▲
Santa Barbara Regional Health Authority	8.8	8.6 ▲
Kaiser Permanente (San Diego)	8.7	8.5
Partnership HealthPlan	8.6	8.5
Health Plan of San Mateo	8.6	8.5
L.A. Care Health Plan	8.3	8.4
Community Health Group	8.3	8.4
Contra Costa Health Plan	8.2	8.4
Care1st Health Plan (San Diego)		8.3 *
Kaiser Permanente (Sacramento)	8.7	8.3
Health Net (CP)	8.1	8.3 *
Alameda Alliance for Health	8.3	8.2
Health Plan of San Joaquin	8.1	8.2
Health Net (San Diego)	7.9	8.2
Blue Cross of California (Stanislaus)	8.2	8.1
Blue Cross of California (Sacramento)	7.7	8.1 *
Kern Family Health Care	8.6	8.0 * ↓
Western Health Advantage	8.4	8.0 *
Blue Cross of California (CP)	8.3	8.0 *
Blue Cross of California (San Diego)	7.9	8.0
Inland Empire Health Plan	7.6	8.0
Santa Clara Family Health Plan	8.1	7.9 *
Health Net (Sacramento)	8.1 *	7.9
Blue Cross of California (Tulare)	7.9	7.9
San Francisco Health Plan	8.4	7.8 ↓
Molina Healthcare (Sacramento)	7.7 *	7.8 *
Molina Healthcare (CP)	8.2	7.7 *
Care1st Health Plan (Sacramento)		7.6 *
CalOptima	8.2	7.6 ↓ ▼
Molina Healthcare (San Diego)		7.5 ▼

↑ significant increase from 2004

↓ significant decrease from 2004

▲ significantly higher than Medi-Cal Adult Overall Average

▼ significantly lower than Medi-Cal Adult Overall Average

* The managed care plan achieved a denominator of less than 100 responses.

COHS
CP
GMC-North
GMC-South
LI

Green = Top Five
Red = Bottom Five

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Health Care Ratings *(Mean/Average)*

Members who went to a doctor's office or clinic in the past six months were asked to rate their health care overall using a "0 to 10" scale, where a "0" means the worst health care possible and a "10" means the best health care possible.

	Adult Ratings 2004	Adult Ratings 2007
Medi-Cal Adult Overall Average	8.0	7.6 ↓
Kaiser Permanente (San Diego)	8.6	8.2 ↓▲
Kaiser Permanente (Sacramento)	8.3	8.1 ↓▲
Central Coast Alliance for Health	8.5	8.0 ↓▲
Partnership HealthPlan	8.3	8.0 ↓▲
Health Plan of San Mateo	8.5	7.9 ↓▲
Santa Barbara Regional Health Authority	8.5	7.8 ↓
Santa Clara Family Health Plan	8.2	7.7 ↓
Care1st Health Plan (San Diego)		7.6 *
San Francisco Health Plan	8.1	7.6 ↓
L.A. Care Health Plan	8.1	7.6 ↓
Blue Cross of California (Tulare)	7.9	7.6
Kern Family Health Care	7.8	7.6
Molina Healthcare (CP)	7.7	7.6
Health Plan of San Joaquin	7.6	7.6
CalOptima	8.2	7.5 ↓
Contra Costa Health Plan	8.1	7.5 ↓
Blue Cross of California (Stanislaus)	7.8	7.5
Inland Empire Health Plan	7.5	7.5
Health Net (CP)	7.5	7.5
Blue Cross of California (CP)	8.0	7.4 ↓
Western Health Advantage	7.9	7.4
Alameda Alliance for Health	7.7	7.4
Health Net (San Diego)	7.6	7.4
Blue Cross of California (San Diego)	7.6	7.4
Molina Healthcare (San Diego)		7.3
Community Health Group	7.9	7.3 ↓
Blue Cross of California (Sacramento)	7.3	7.3
Molina Healthcare (Sacramento)	7.2	7.3
Care1st Health Plan (Sacramento)		7.2
Health Net (Sacramento)	7.4	6.7 ↓▼

↑ significant increase from 2004

↓ significant decrease from 2004

▲ significantly higher than Medi-Cal Adult Overall Average

▼ significantly lower than Medi-Cal Adult Overall Average

* The managed care plan achieved a denominator of less than 100 responses.

COHS
CP
GMC-North
GMC-South
LI

Green = Top Five
Red = Bottom Five

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Health Plan Ratings *(Mean/Average)*

Members were asked to rate their health plan overall using a "0 to 10" scale, where a "0" means the worst health plan possible and a "10" means the best health plan possible.

	Adult Ratings 2004	Adult Ratings 2007
Medi-Cal Adult Overall Average	8.1	7.9 ↓
Kaiser Permanente (San Diego)	8.7	8.4 ↓▲
Kaiser Permanente (Sacramento)	8.5	8.3 ▲
Blue Cross of California (Tulare)	8.4	8.2 ▲
Central Coast Alliance for Health	8.3	8.2 ▲
Partnership HealthPlan	8.2	8.2 ▲
Kern Family Health Care	8.1	8.2
Health Plan of San Mateo	8.5	8.1 ↓
L.A. Care Health Plan	8.3	8.1
Blue Cross of California (Stanislaus)	7.9	8.1
Inland Empire Health Plan	8.0	8.0
Health Plan of San Joaquin	7.9	8.0
Health Net (CP)	7.9	8.0
Santa Clara Family Health Plan	8.3	7.9 ↓
Santa Barbara Regional Health Authority	8.1	7.9
Contra Costa Health Plan	8.1	7.9
Molina Healthcare (CP)	7.9	7.9
Blue Cross of California (CP)	8.3	7.8 ↓
Community Health Group	8.1	7.8 ↓
Alameda Alliance for Health	8.1	7.8 ↓
Blue Cross of California (San Diego)	7.9	7.8
Blue Cross of California (Sacramento)	7.6	7.7 ▼
Molina Healthcare (San Diego)		7.6 ▼
San Francisco Health Plan	8.1	7.6 ↓▼
Health Net (San Diego)	7.5	7.6 ▼
Care1st Health Plan (San Diego)		7.5 *
CalOptima	8.0	7.5 ↓▼
Western Health Advantage	7.7	7.4 ▼
Molina Healthcare (Sacramento)	7.2	7.3 ▼
Health Net (Sacramento)	7.4	7.2 ▼
Care1st Health Plan (Sacramento)		7.1 ▼

↑ significant increase from 2004

↓ significant decrease from 2004

▲ significantly higher than Medi-Cal Adult Overall Average

▼ significantly lower than Medi-Cal Adult Overall Average

* The managed care plan achieved a denominator of less than 100 responses.

COHS
CP
GMC-North
GMC-South
LI

Green = Top Five
Red = Bottom Five

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Composite Best-Response Proportions as Percentages

The data presented in this section represent the proportion of each contracted plan's total responses that were attributed to the most positive response category for each composite area and that proportion converted to a percentage. Each composite area is derived by combining survey results of similar questions; such areas include: *Getting Needed Care, Getting Care Quickly, Customer Service, Shared Decision-Making,* and *How Well Doctors Communicate*.

Calculation Method:

The most positive response percentage is calculated using the following formula.

$$(X/N) \times 100\% = P$$

Where: X equals the number of responses in the most positive response category (*always* or *definitely yes*)

N equals the number of member responses (n size)

Note: Missing responses are not included in this calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula.

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \times (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \times (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

n1 – First n size

P2 – Second percentage

n2 – Second n size

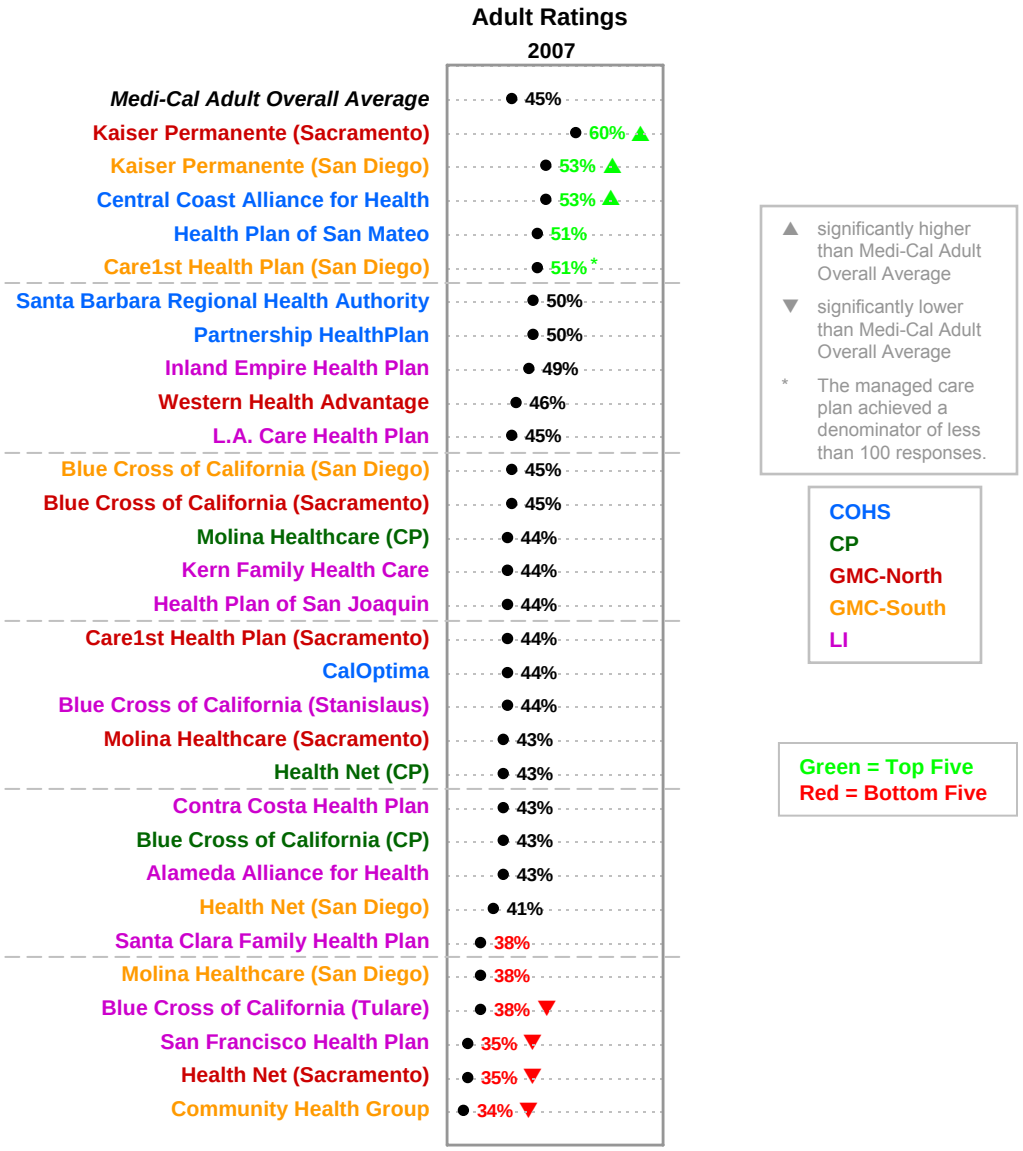
Getting Needed Care *(Percent rated "Always")*

Getting Needed Care is a composite category of two questions regarding whether members never, sometimes, usually or always got to see a specialist that they needed to see and got the care, tests, or treatment they or their doctor believed necessary.

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Getting Care Quickly *(Percent rated "Always")*

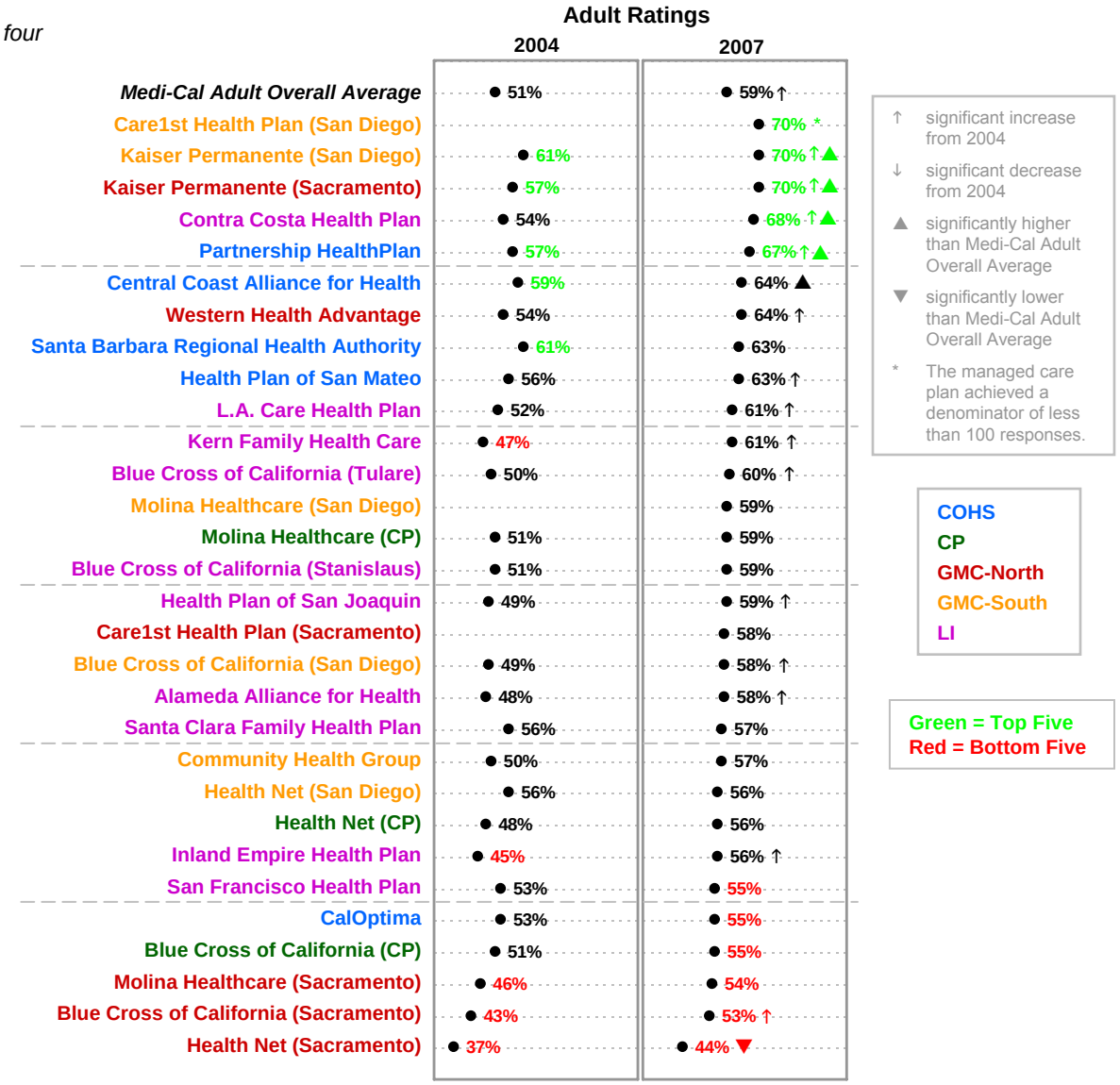
Getting Care Quickly is a composite category of two questions regarding whether members never, sometimes, usually or always received the care needed as soon as they wanted and received an appointment for health care at a doctor's office or clinic as soon as they wanted.



Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

How Well Doctors Communicate *(Percent rated "Always")*

How Well Doctors Communicate is a composite category of four questions regarding whether providers never, sometimes, usually or always listened carefully to members, explained things in a way they could understand, showed respect for what they had to say and spent enough time with them.



Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Customer Service *(Percent rated "Always")*

Customer Service is a composite category of four questions regarding whether members never, sometimes, usually or always were provided with the information they needed in written materials or on the Internet about how their health plan works, received the information or help needed from their health plan's customer service, were treated with courtesy and respect by the health plan's customer service staff and found the forms from their health plan easy to fill out.

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

Shared Decision-Making *(Percent rated "Definitely Yes")*

Shared Decision-Making is a composite category of two questions regarding whether providers definitely did not, somewhat did not, somewhat did or definitely did talk with them about the pros and cons of each choice for their treatment or health care and asked them which choice was best when there was more than one choice for treatment or health care.

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

5. SUPPLEMENTAL QUESTIONS BY MEDI-CAL MANAGED CARE CONTRACTED PLAN

a) SELECTED PROPORTIONS AS PERCENTAGES – CALCULATION METHOD
b) VISITED EMERGENCY ROOM IN PAST SIX MONTHS
c) HAVE AN ONGOING PHYSICAL OR MENTAL IMPAIRMENT
d) NUMBER OF VISITS DOCTOR DISCUSSED / RECOMMENDED PHYSICAL ACTIVITY / EXERCISE
e) NUMBER OF VISITS DOCTOR DISCUSSED / RECOMMENDED WEIGHT LOSS
f) ENGAGE IN PHYSICAL ACTIVITY OR EXERCISE

Select Proportions as Percentages

The data presented in this section represent the proportion of each contracted plan's total responses that were attributed to a particular response for each question asked and each proportion converted to a percentage. DHCS chose supplemental questions related to the frequency of the emergency room visits, ongoing physical or mental impairment, and obesity.

Calculation Method:

The response percentage is calculated using the following formula.

$$(X/N) \times 100\% = P$$

Where: X equals the number of member responses in the selected response category

N equals the number of member responses (n size)

Note: Missing responses are not included in this calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula.

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \times (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \times (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

n1 – First n size

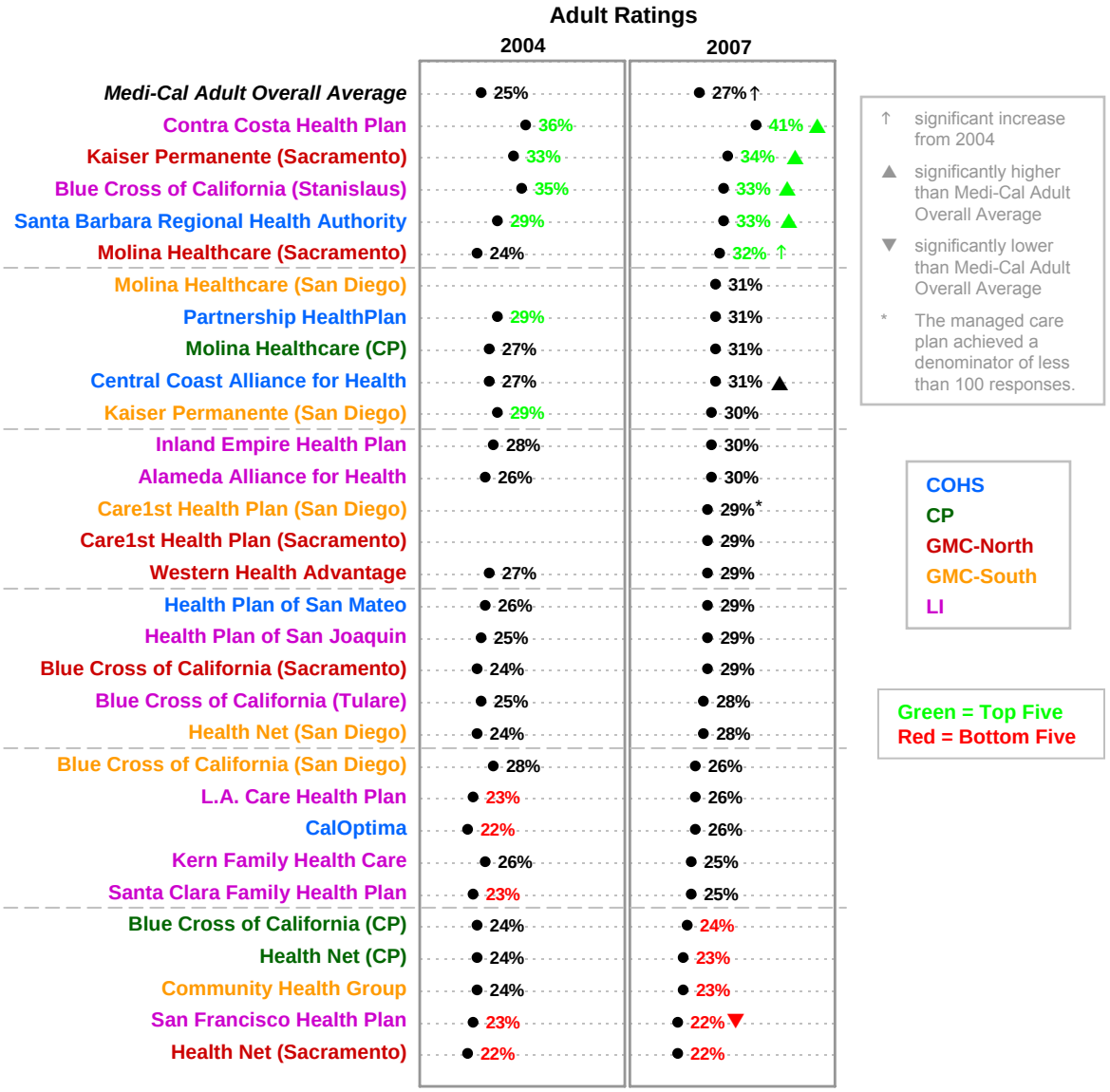
P2 – Second percentage

n2 – Second n size

b) Visited Emergency Room in Past Six Months

(Percent responding 1 or More Times)

Members were asked how many times they went to an emergency room to get care for themselves in the past six months.

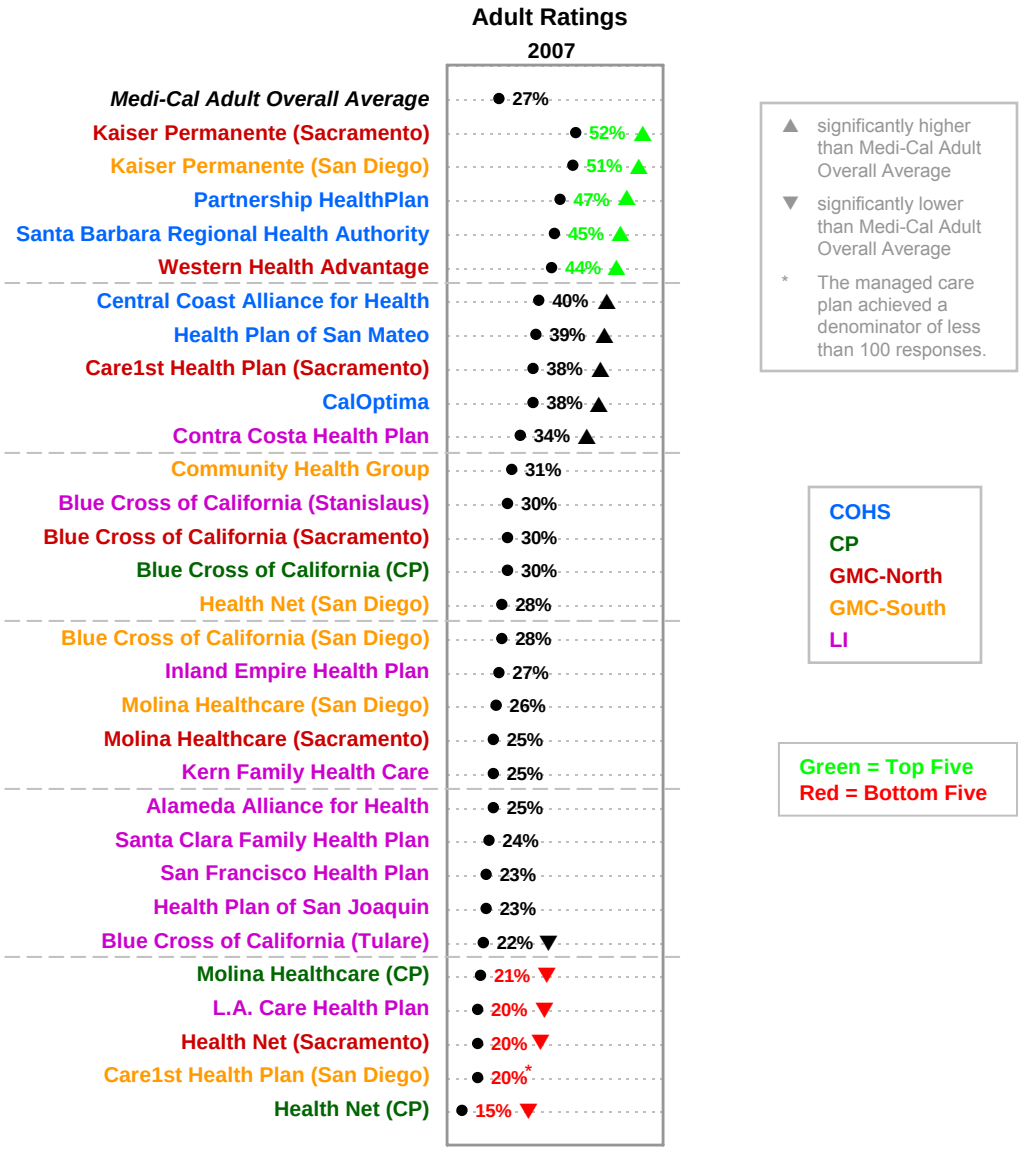


Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

c) Have an Ongoing Physical or Mental Impairment

(Percent responding "Yes")

Members were asked if they have an ongoing physical or mental impairment, which limits their functioning, for which they are under a doctor's care.

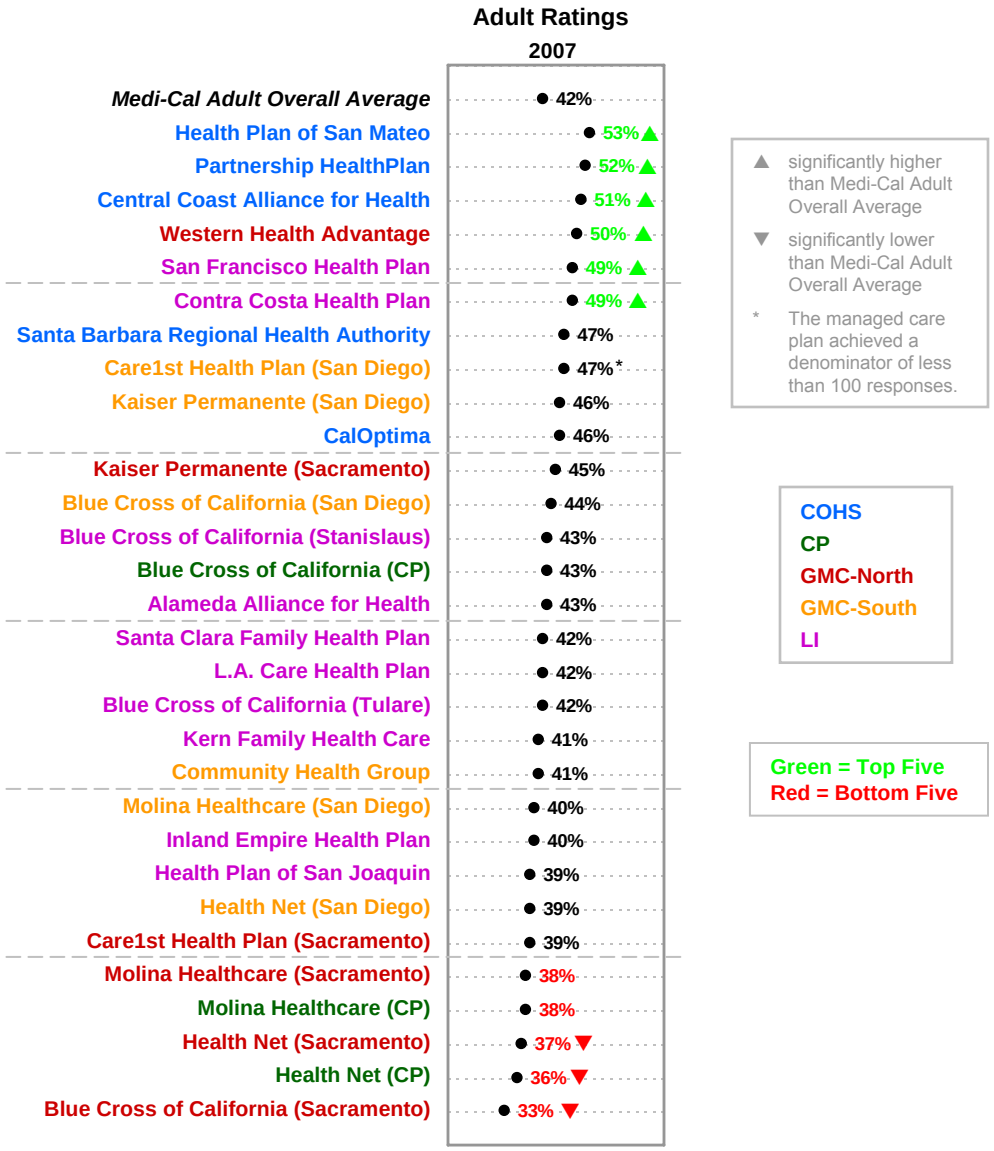


Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

d) Number of Visits Doctor Discussed/Recommended Physical Activity/Exercise

(Percent responding 1 or More Visits)

Members were asked within the last six months, how many visits their doctor or health provider recommended or discussed physical activity or exercise.



Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

e) Number of Visits Doctor Discussed / Recommended Weight Loss (Percent responding 1 or More Visits)

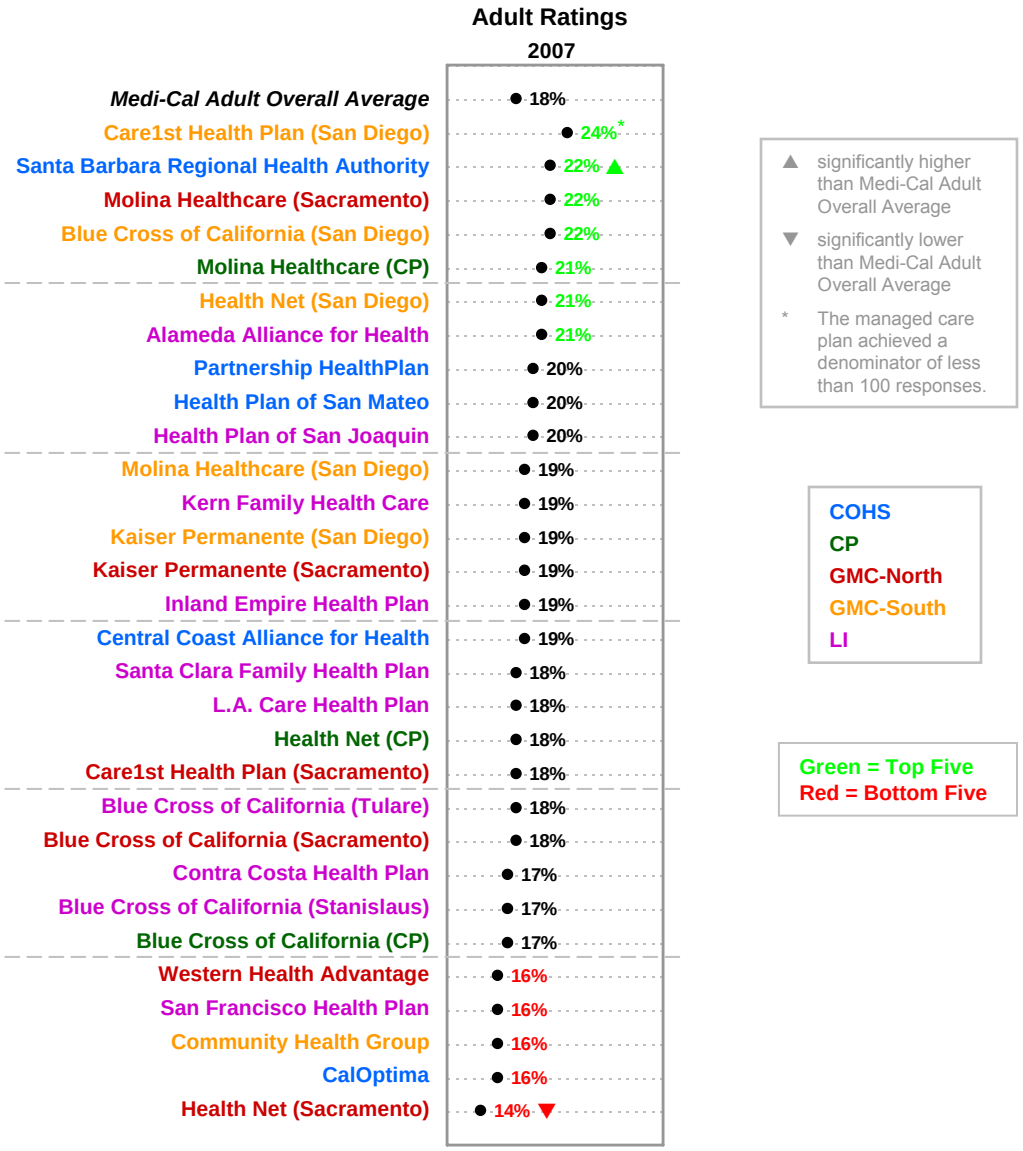
Members were asked within the last six months, how many visits their doctor or health provider discussed their weight or recommended weight loss.

Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

f) Engage in Physical Activity or Exercise

(Percent rated "Always")

Members were asked within the last six months, whether they never, sometimes, usually or always engage in physical activity or exercise that averages 30 minutes per day.



Note: The Medi-Cal Adult Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment.

B. CHILD MEMBERS (3.0H CAHPS SURVEY)

1. MEDI-CAL MANAGED CARE CONTRACTED PLAN SELECTED RESULTS
2. OVERALL RESULTS MCMC MODEL-TYPE
3. SUPPLEMENTAL QUESTIONS BY MCMC MODEL-TYPE
4. OVERALL RESULTS MCMC CONTRACTED PLAN
5. SUPPLEMENTAL QUESTIONS BY MCMC CONTRACTED PLAN

1. MEDI-CAL MANAGED CARE CONTRACTED PLAN SELECTED RESULTS

- By investigating the individual questions of each composite measure within the survey, the areas where contracted plans (either individually or collectively) are performing well and the areas for improvement can be identified.
- Among child members, the areas of high performance generally relate to access at the plan level, while the areas identified as opportunities for improvement are more related to dissatisfaction at the provider level.
- The chart on pages 73 through 77 displays respondent percentages (plan rates) in green whenever 80 percent or more of each plan's survey respondents selected answers from the most positive response category associated with a particular measure. The following CAHPS measures represent high performance areas for plans, since more than half of the 30 plans received green rates:

Percent of 30 Plans with Green Rate	Composite Area	Question Abbreviation
100%	Getting Needed Care	Delays in health care
80%	Getting Needed Care	Got doctor happy with

- The same chart on pages 73 through 77 displays plan rates in red whenever 20 percent or more of each plan's survey respondents selected answers from one of the two most negative response categories associated with a particular measure. The following CAHPS measure present opportunities for improvement, since more than half of the 30 plans received red rates:

Percent of 30 Plans with Red Rate	Composite Area	Question Abbreviation
97%	Getting Care Quickly	Taken to exam room w/in 15 min.
73%	Getting Care Quickly	Got appt. for health care
67%	Getting Care Quickly	Received help needed
60%	How Well Doctors Communicate	Spent enough time with patient

Composite measures are groupings of several questions that measure similar aspects of health care or health plan services. The table below and on the following page illustrates the composite areas, the questions that comprise each area and the response choices for each question, as well as the question abbreviations that are used in the tables on subsequent pages.

Getting Needed Care	Abbreviations	Response Choices
Since your child joined his or her health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?	Got Dr. happy with	A big problem A small problem Not a problem
In the last 12 months, how much of a problem, if any, was it to see a specialist that your child needed to see?	Got to see specialist	A big problem A small problem Not a problem
In the last 12 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?	Got care/test/treatment	A big problem A small problem Not a problem
In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?	Delays in health care	A big problem A small problem Not a problem
Getting Care Quickly	**Abbreviations**	**Response Choices**
In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?	Received info./help needed	Never Usually Sometimes Always
In the last 12 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted?	Got care needed for illness	Never Usually Sometimes Always
In the last 12 months, not counting the times you needed health care right away, how often did your child get an appointment for health care as soon as you wanted?	Got appt. for health care	Never Usually Sometimes Always
In the last 12 months, how often was your child taken to the exam room within 15 minutes of his or her appointment?	Taken to exam room w/in 15 min.	Never Usually Sometimes Always

Composite measures are groupings of several questions that measure similar aspects of health care or health plan services. The table below illustrates the composite areas, the questions that comprise each area and the question abbreviations that are shown on the following pages.

How Well Doctors Communicate	Abbreviations	Response Choices
In the last 12 months, how often did your child's doctors or other health providers listen carefully to you?	Listened to patient	Never Sometimes Usually Always
In the last 12 months, how often did your child's doctors or other health providers explain things in a way you could understand?	Explained things to patient	Never Sometimes Usually Always
In the last 12 months, how often did your child's doctors or other health providers show respect for what you had to say?	Showed respect for what patient had to say	Never Sometimes Usually Always
In the last 12 months, how often did doctors or other health providers spend enough time with your child?	Spent enough time with patient	Never Sometimes Usually Always
Courteous and Helpful Office Staff	**Abbreviations**	**Response Choices**
In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?	Treated with courtesy and respect	Never Sometimes Usually Always
In the last 12 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?	Are helpful	Never Sometimes Usually Always
Customer Service	**Abbreviations**	**Response Choices**
In the last 12 months, how much of a problem, if any, was it to find or understand this information?	Ease of finding info	A big problem A small problem Not a problem
In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?	Got help when calling	A big problem A small problem Not a problem

Medi-Cal Managed Care Contracted Plan Selected Results (continued) IV. B. 1.

Notes for understanding this chart:
Green percentages show areas where the contracted plan is performing well. That is, ≥80% of responses fell within the most positive response category of "Always" or "Definitely Yes."
Red percentages identify potential areas of concern where ≥20% of responses fell within the two most negative response categories.
Black percentage show areas where a plan's result for that measure was <80% for the most positive response category.

		Getting Needed Care				Getting Care Quickly				How Well Doctors Communicate				Office Staff		Customer Service	
Model Type	Plan Name	Got Dr. happy with	Got to see specialist	Got care/ tests/ treat-ment	Delays in health care	Received help needed	Got care needed for illness	Got appt. for health care	Taken to exam room w/in 15 mins.	Listened to patient	Explained things to patient	Showed respect for what patient had to say	Spent enough time with patient	Treated patient w/ courtesy & respect	Are helpful	Ease of finding info	Got help when calling
LI	Alameda Alliance for Health																
	Child	78%	*	75%	92%	58%	58%	21%	55%	64%	63%	64%	44%	64%	53%	*	*
	CSHCN	81%	64%	73%	85%	20%	60%	54%	48%	69%	70%	75%	52%	71%	60%	*	*
CP	Blue Cross of California (CP)																
	Child	78%	70%	69%	92%	21%	20%	44%	63%	59%	56%	63%	25%	63%	54%	*	*
	CSHCN	74%	20%	69%	87%	23%	54%	46%	65%	61%	58%	61%	24%	64%	56%	*	*
GMC-North	Blue Cross of California (Sacramento)																
	Child	72%	59%	71%	89%	24%	48%	23%	61%	62%	60%	70%	21%	64%	56%	*	*
	CSHCN	64%	23%	68%	83%	28%	57%	22%	56%	57%	61%	60%	25%	65%	52%	*	*
GMC-South	Blue Cross of California (San Diego)																
	Child	80%	66%	76%	88%	55%	55%	20%	58%	66%	64%	70%	46%	66%	56%	*	*
	CSHCN	*	68%	74%	83%	57%	56%	42%	57%	64%	66%	70%	49%	65%	55%	*	*
LI	Blue Cross of California (Stanislaus)																
	Child	77%	64%	81%	94%	26%	25%	24%	68%	55%	59%	63%	20%	62%	49%	*	*
	CSHCN	67%	20%	79%	90%	26%	21%	21%	67%	53%	58%	62%	37%	62%	48%	*	*
LI	Blue Cross of California (Tulare)																
	Child	80%	69%	85%	96%	21%	24%	20%	64%	64%	63%	65%	24%	59%	50%	*	*
	CSHCN	72%	69%	81%	92%	22%	50%	21%	62%	62%	60%	64%	21%	61%	48%	*	*

Note: For brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

** NA (Not Applicable) indicates the MCO received fewer than 100 responses to the question, so the result is invalid and not reportable (HEDIS® 2006, Vol. 3, pg. 72).*

Medi-Cal Managed Care Contracted Plan Selected Results (continued) IV. B. 1.

Notes for understanding this chart:
Green percentages show areas where the contracted plan is performing well. That is, ≥80% of responses fell within the most positive response category of "Always" or "Definitely Yes."
Red percentages identify potential areas of concern where ≥20% of responses fell within the two most negative response categories.
Black percentage show areas where a plan's result for that measure was <80% for the most positive response category.

		Getting Needed Care				Getting Care Quickly				How Well Doctors Communicate				Office Staff		Customer Service	
Model Type	Plan Name	Get Dr. happy with	Got to see specialist	Got care/ tests/ treat-ment	Delays in health care	Received help needed	Got care needed for illness	Got appt. for health care	Taken to exam room w/in 15 mins.	Listened to patient	Explained things to patient	Showed respect for what patient had to say	Spent enough time with patient	Treated patient w/ courtesy & respect	Are helpful	Ease of finding info	Got help when calling
COHS	CalOptima																
	Child	81%	69%	81%	95%	46%	50%	24%	58%	60%	55%	63%	34%	58%	48%	*	*
	CSHCN	74%	66%	75%	85%	21%	48%	21%	54%	62%	59%	63%	43%	62%	55%	*	*
GMC-North	Care1st Health Plan (Sacramento)																
	Child	*	*	*	96%	*	*	*	68%	49%	23%	56%	32%	20%	26%	*	*
	CSHCN	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
GMC-South	Care1st Health Plan (San Diego)																
	Child	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	CSHCN	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
COHS	Central Coast Alliance for Health																
	Child	83%	26%	75%	95%	48%	20%	20%	55%	59%	62%	66%	21%	55%	47%	*	*
	CSHCN	72%	23%	74%	85%	48%	47%	22%	48%	58%	61%	64%	21%	59%	48%	*	*
GMC-South	Community Health Group																
	Child	87%	*	75%	93%	53%	21%	25%	54%	62%	60%	68%	42%	60%	52%	*	*
	CSHCN	81%	61%	70%	85%	22%	23%	27%	56%	63%	66%	69%	46%	62%	54%	*	*
LI	Contra Costa Health Plan																
	Child	83%	*	78%	92%	52%	48%	26%	54%	68%	60%	68%	41%	63%	56%	*	*
	CSHCN	70%	67%	74%	81%	21%	54%	29%	55%	67%	67%	69%	45%	69%	56%	*	*

Note: For brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

** NA (Not Applicable) indicates the MCO received fewer than 100 responses to the question, so the result is invalid and not reportable (HEDIS® 2006, Vol. 3, pg. 72).*

Medi-Cal Managed Care Contracted Plan Selected Results (continued) IV. B. 1.

Notes for understanding this chart:
Green percentages show areas where the contracted plan is performing well. That is, ≥80% of responses fell within the most positive response category of "Always" or "Definitely Yes."
Red percentages identify potential areas of concern where ≥20% of responses fell within the two most negative response categories.
Black percentage show areas where a plan's result for that measure was <80% for the most positive response category.

		Getting Needed Care				Getting Care Quickly				How Well Doctors Communicate				Office Staff		Customer Service	
Model Type	Plan Name	Get Dr. happy with	Got to see specialist	Got care/ tests/ treat-ment	Delays in health care	Received help needed	Got care needed for illness	Got appt. for health care	Taken to exam room w/in 15 mins.	Listened to patient	Explained things to patient	Showed respect for what patient had to say	Spent enough time with patient	Treated patient w/ courtesy & respect	Are helpful	Ease of finding info	Got help when calling
CP	Health Net (CP)																
	Child	82%	*	81%	90%	22%	*	23%	65%	51%	56%	57%	22%	53%	44%	*	*
	CSHCN	76%	23%	68%	82%	28%	25%	25%	58%	57%	58%	57%	21%	53%	20%	*	*
GMC-North	Health Net (Sacramento)																
	Child	75%	*	*	89%	27%	*	33%	66%	54%	20%	56%	30%	56%	22%	*	*
	CSHCN	*	*	*	39%	*	*	*	*	*	*	*	*	*	*	*	*
GMC-South	Health Net (San Diego)																
	Child	84%	*	81%	92%	25%	23%	43%	54%	62%	65%	66%	20%	62%	47%	*	*
	CSHCN	*	*	*	87%	*	*	39%	62%	55%	61%	51%	21%	60%	24%	*	*
LI	Health Plan of San Joaquin																
	Child	82%	20%	74%	94%	24%	21%	51%	62%	61%	62%	67%	22%	65%	53%	*	*
	CSHCN	77%	66%	77%	89%	22%	56%	48%	58%	63%	64%	68%	20%	67%	57%	*	*
COHS	Health Plan of San Mateo																
	Child	82%	62%	78%	93%	21%	51%	43%	49%	67%	66%	72%	45%	65%	53%	*	65%
	CSHCN	76%	67%	76%	87%	56%	59%	47%	48%	64%	64%	68%	45%	67%	53%	*	57%
LI	Inland Empire Health Plan																
	Child	83%	*	75%	89%	47%	43%	21%	61%	51%	60%	61%	23%	59%	47%	*	*
	CSHCN	75%	62%	71%	43%	52%	47%	23%	60%	60%	66%	69%	20%	65%	20%	*	*

Note: For brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

** NA (Not Applicable) indicates the MCO received fewer than 100 responses to the question, so the result is invalid and not reportable (HEDIS® 2006, Vol. 3, pg. 72).*

Notes for understanding this chart:
Green percentages show areas where the contracted plan is performing well. That is, ≥80% of responses fell within the most positive response category of "Always" or "Definitely Yes."
Red percentages identify potential areas of concern where ≥20% of responses fell within the two most negative response categories.
Black percentage show areas where a plan's result for that measure was <80% for the most positive response category.

		Getting Needed Care				Getting Care Quickly				How Well Doctors Communicate				Office Staff		Customer Service	
Model Type	Plan Name	Get Dr. happy with	Got to see specialist	Got care/ tests/ treat-ment	Delays in health care	Received help needed	Got care needed for illness	Got appt. for health care	Taken to exam room w/in 15 mins.	Listened to patient	Explained things to patient	Showed respect for what patient had to say	Spent enough time with patient	Treated patient w/ courtesy & respect	Are helpful	Ease of finding info	Got help when calling
GMC-North	Kaiser (Sacramento)																
	Child	92%	*	81%	96%	74%	71%	57%	43%	76%	78%	79%	55%	75%	67%	*	*
	CSHCN	*	*	*	*	*	*	*	34%	78%	80%	*	*	*	63%	*	*
GMC-South	Kaiser (San Diego)																
	Child	88%	*	90%	97%	69%	72%	53%	30%	77%	76%	80%	60%	80%	71%	*	*
	CSHCN	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
LI	Kern Family Health Care																
	Child	81%	*	81%	91%	30%	23%	22%	66%	53%	56%	57%	32%	55%	22%	*	*
	CSHCN	65%	28%	70%	51%	37%	27%	28%	64%	46%	51%	53%	29%	55%	24%	*	*
LI	L.A. Care Health Plan																
	Child	82%	*	84%	95%	48%	45%	20%	56%	56%	55%	59%	23%	52%	48%	*	*
	CSHCN	*	29%	75%	84%	25%	*	20%	57%	53%	54%	55%	25%	54%	48%	*	*
CP	Molina Healthcare (CP)																
	Child	85%	*	*	91%	20%	*	26%	58%	60%	53%	58%	23%	58%	47%	*	*
	CSHCN	73%	*	67%	*	*	*	22%	60%	58%	61%	62%	46%	65%	47%	*	*
GMC-North	Molina Healthcare (Sacramento)																
	Child	82%	*	*	95%	*	*	27%	57%	54%	23%	55%	28%	55%	24%	*	*
	CSHCN	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Note: For brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

** NA (Not Applicable) indicates the MCO received fewer than 100 responses to the question, so the result is invalid and not reportable (HEDIS® 2006, Vol. 3, pg. 72).*

Medi-Cal Managed Care Contracted Plan Selected Results (continued) IV. B. 1.

Notes for understanding this chart:
Green percentages show areas where the contracted plan is performing well. That is, ≥80% of responses fell within the most positive response category of "Always" or "Definitely Yes."
Red percentages identify potential areas of concern where ≥20% of responses fell within the two most negative response categories.
Black percentage show areas where a plan's result for that measure was <80% for the most positive response category.

		Getting Needed Care				Getting Care Quickly				How Well Doctors Communicate				Office Staff		Customer Service	
Model Type	Plan Name	Get Dr. happy with	Got to see specialist	Got care/ tests/ treat-ment	Delays in health care	Received help needed	Got care needed for illness	Got appt. for health care	Taken exam room w/in 15 min.	Listened to patient	Explained things to patient	Showed respect for what had to say	Spent enough time with patient	Treated patient w/ courtesy & respect	Are helpful	Ease of finding info	Got help when calling
GMC-S	Molina Healthcare (San Diego)																
	Child	81%	*	*	91%	58%	62%	22%	56%	65%	58%	64%	40%	62%	51%	*	*
	CSHCN	*	65%	80%	*	44%	48%	37%	53%	66%	68%	70%	50%	64%	54%	*	*
COHS	Partnership HealthPlan																
	Child	80%	*	79%	93%	59%	54%	20%	49%	68%	66%	70%	47%	73%	57%	*	*
	CSHCN	77%	67%	76%	85%	63%	59%	53%	38%	71%	69%	72%	52%	77%	64%	*	*
LI	San Francisco Health Plan																
	Child	80%	55%	69%	96%	20%	58%	29%	59%	62%	63%	66%	20%	61%	52%	*	*
	CSHCN	77%	20%	*	89%	*	*	27%	55%	65%	65%	65%	46%	64%	61%	*	*
COHS	Santa Barbara Reg. Health Auth.																
	Child	83%	70%	75%	95%	20%	43%	41%	53%	56%	60%	59%	21%	58%	48%	*	*
	CSHCN	71%	66%	71%	89%	21%	22%	24%	55%	54%	60%	60%	20%	60%	20%	*	*
LI	Santa Clara Family Health Plan																
	Child	88%	21%	78%	94%	21%	47%	24%	57%	61%	62%	64%	39%	55%	49%	*	*
	CSHCN	79%	22%	70%	83%	22%	54%	26%	58%	62%	62%	67%	20%	58%	22%	*	*
GMC-N	Western Health Advantage																
	Child	82%	*	*	90%	26%	*	22%	58%	68%	58%	68%	54%	62%	49%	*	*
	CSHCN	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	% OF PLANS W/ A GREEN RATE:	**80%**	**0%**	**33%**	**100%**	**0%**	**0%**	**0%**	**0%**	**0%**	**3%**	**3%**	**0%**	**3%**	**0%**	**0%**	**0%**
	% OF PLANS W/ A RED RATE:	**0%**	**33%**	**0%**	**0%**	**67%**	**33%**	**73%**	**97%**	**0%**	**10%**	**0%**	**60%**	**3%**	**30%**	**0%**	**0%**

Note: For brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

** NA (Not Applicable) indicates the MCO received fewer than 100 responses to the question, so the result is invalid and not reportable (HEDIS® 2006, Vol. 3, pg. 72).*

2. OVERALL RESULTS BY MEDI-CAL MANAGED CARE MODEL-TYPE

a) RESULTS SYNOPSIS
b) AVERAGE RESPONSE CALCULATION METHOD
c) AVERAGE RESPONSE BY SURVEY QUESTION
d) COMPOSITE PERCENTAGES CALCULATION METHOD
e) COMPOSITE BEST-RESPONSE PROPORTIONS AS PERCENTAGES

Average Response by Survey Question

- Overall among child members, health plans within GMC-South and COHS are performing better than the other model-types for most of the measures rated.
- Health plans within CP and GMC-North are performing worse than the other model-types for most of the measures rated.
- The LI health plans are performing somewhere in the middle.
- It is important to note that satisfaction ratings for overall health plan increased among child members from 2004 to 2007 for each of the model-types with the exception of GMC-South, where satisfaction ratings decreased.

Composite Best-Response Proportions as Percentages

- The health plans that make up GMC-South continue to indicate a higher level of satisfaction compared to the other model-types for most of the composite areas rated.
- CP health plans performed lower than the Med-Cal Child overall average and received the lowest ratings compared to other model-types for the following composite areas relating to access at the provider level:
  - *How Well Doctors Communicate*;
  - *Courteous and Helpful Office Staff*; and
  - *Getting Care Quickly*.

Average Response by Survey Question

The data presented in this section represent each model-type's average (or mean) result for members rating their personal doctor, their specialist, overall health care and overall health plan on a "0 to 10" scale, where a "0" means the worst possible and a "10" means the best possible.

Calculation Method:

The average rating is the sum of the response values divided by the total number of responses. The mean/average rating identifies the central location of the data and is calculated using the following formula:

$$\frac{\sum(X)}{N} = M$$

Where: $\sum$ equals the sum of

X equals the individual response values (data points)

N equals the number of member responses (n size)

Note: Missing responses are not included in the mean/average rating calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula:

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \text{ x } (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \text{ x } (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

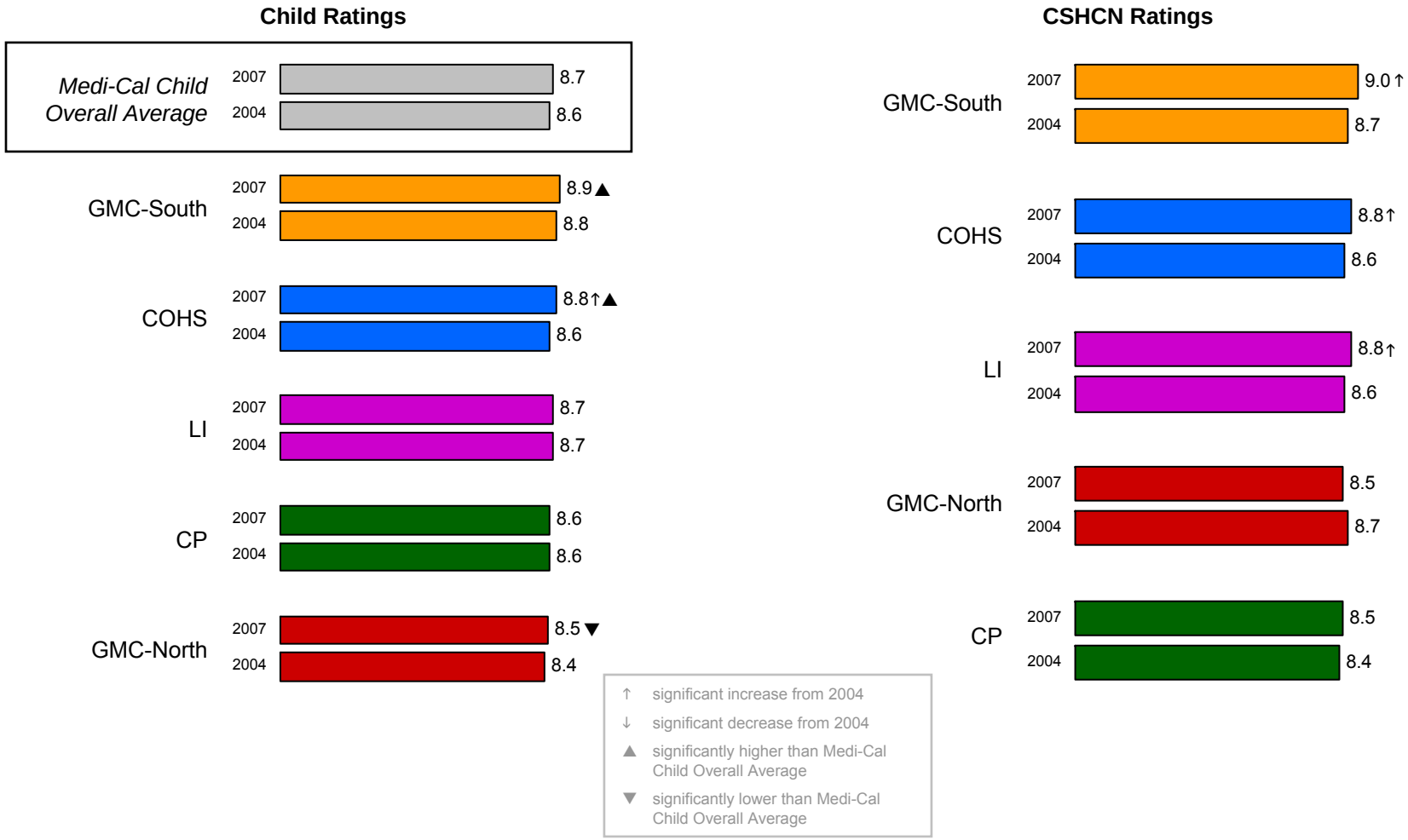
n1 – First n size

P2 – Second percentage

n2 – Second n size

Personal Doctor/Nurse Ratings *(Mean/Average)*

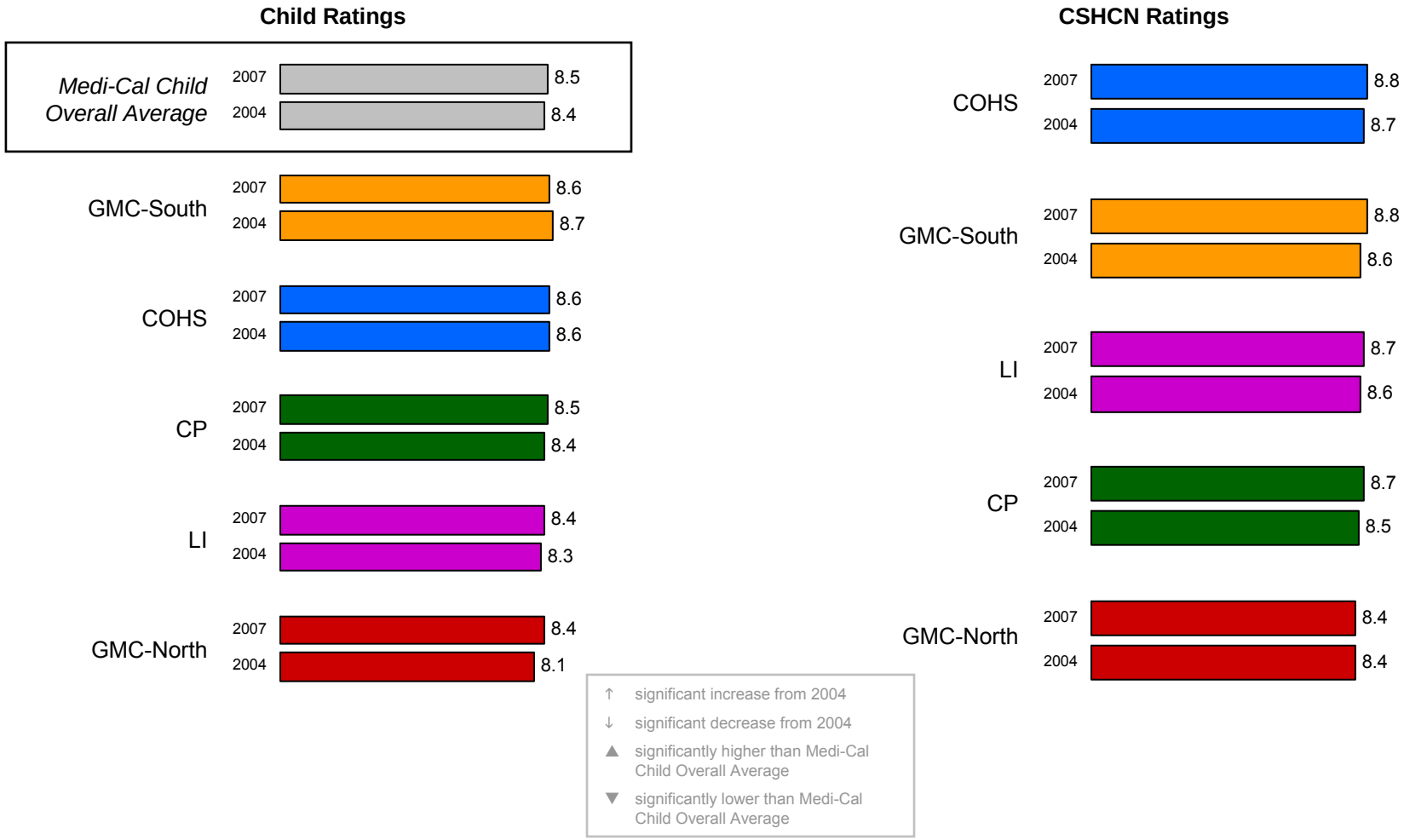
Parents/Guardians who have one person they think of as their child's personal doctor or nurse were asked to rate their child's personal doctor or nurse overall using a "0 to 10" scale, where a "0" means the worst personal doctor or nurse possible and a "10" means the best personal doctor or nurse possible.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Specialist Ratings *(Mean/Average)*

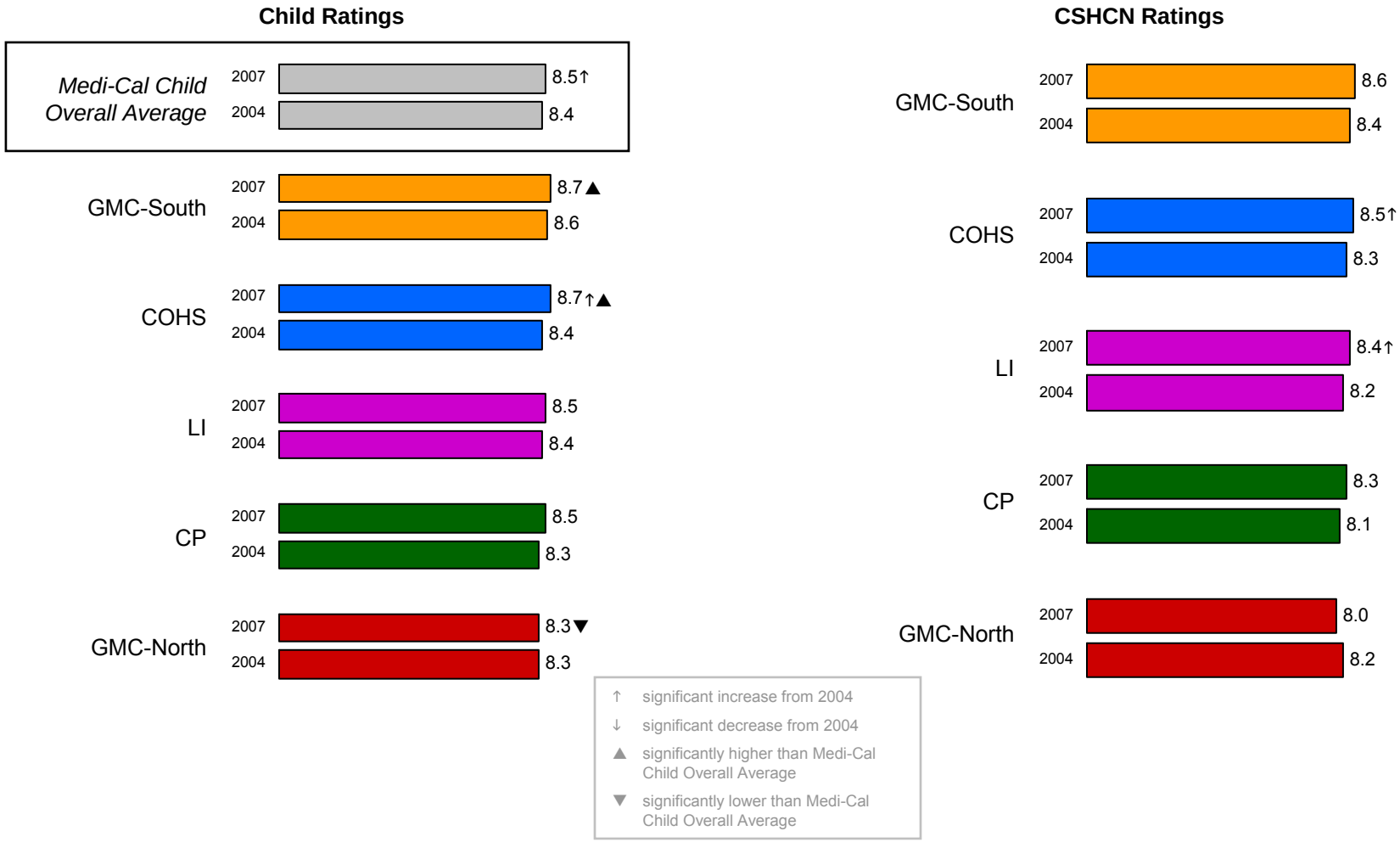
Parents/Guardians whose child had seen a specialist in the past six months were asked to rate their child's specialist overall using a "0 to 10" scale, where a "0" means the worst specialist possible and a "10" means the best specialist possible.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Health Care Ratings *(Mean/Average)*

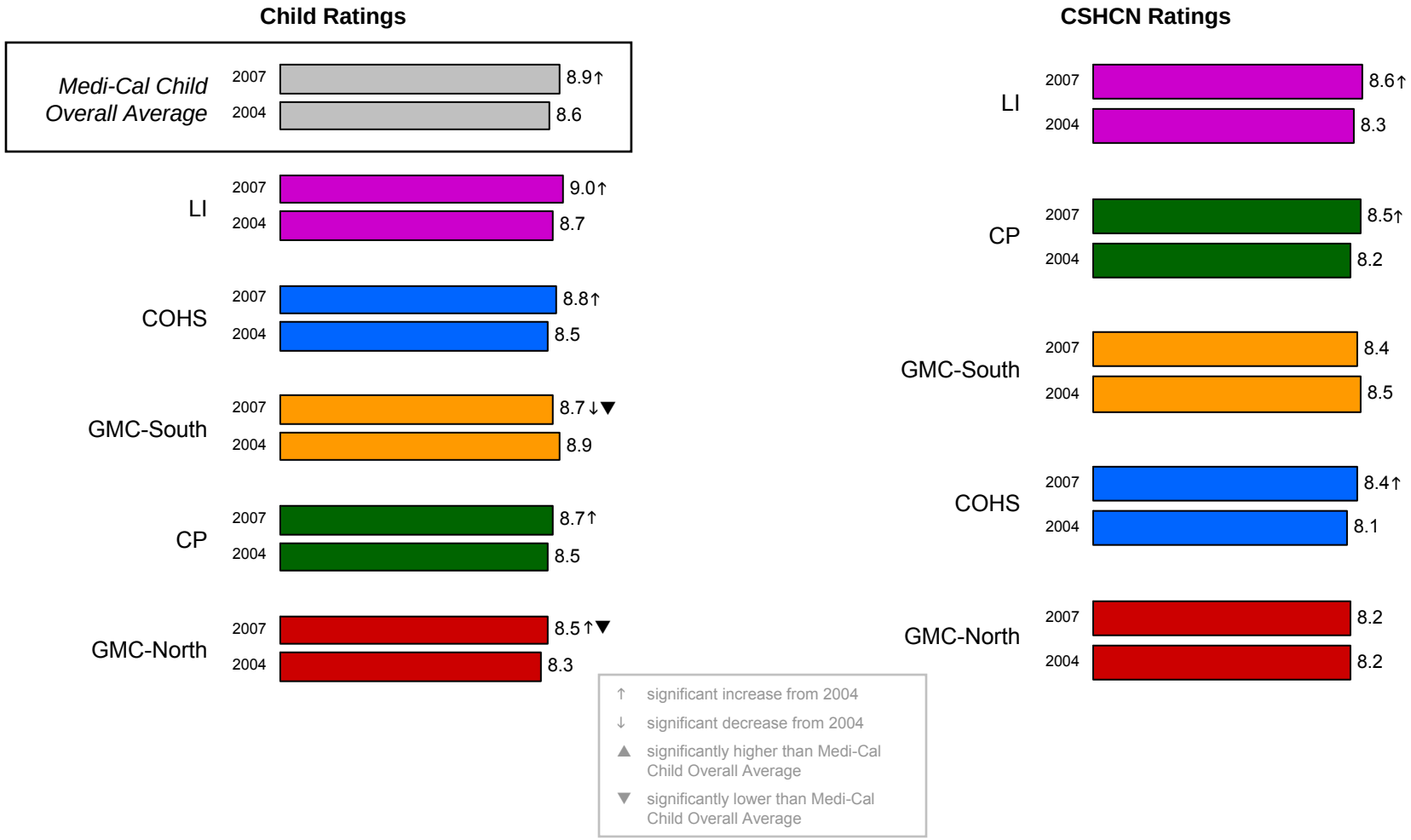
Parents/Guardians whose child went to a doctor's office or clinic in the past six months were asked to rate their child's health care overall using a "0 to 10" scale, where a "0" means the worst health care possible and a "10" means the best health care possible.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Health Plan Ratings *(Mean/Average)*

Parents/Guardians were asked to rate their child's health plan overall using a "0 to 10" scale, where a "0" means the worst health plan possible and a "10" means the best health plan possible.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Composite Best-Response Proportions as Percentages

The data presented in this section represent the proportion of each model-type's total responses that were attributed to the most positive response category for each composite area and that proportion converted to a percentage. Each composite area is derived by combining survey results of similar questions; such areas include: *Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Courteous and Helpful Office Staff,* and *Customer Service*.

Calculation Method:

The most positive response percentage is calculated using the following formula.

$$(X/N) \times 100\% = P$$

Where: X equals the number of responses in the most positive response category (*always* or *definitely yes*)

N equals the number of member responses (n size)

Note: Missing responses are not included in this calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula.

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \times (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \times (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

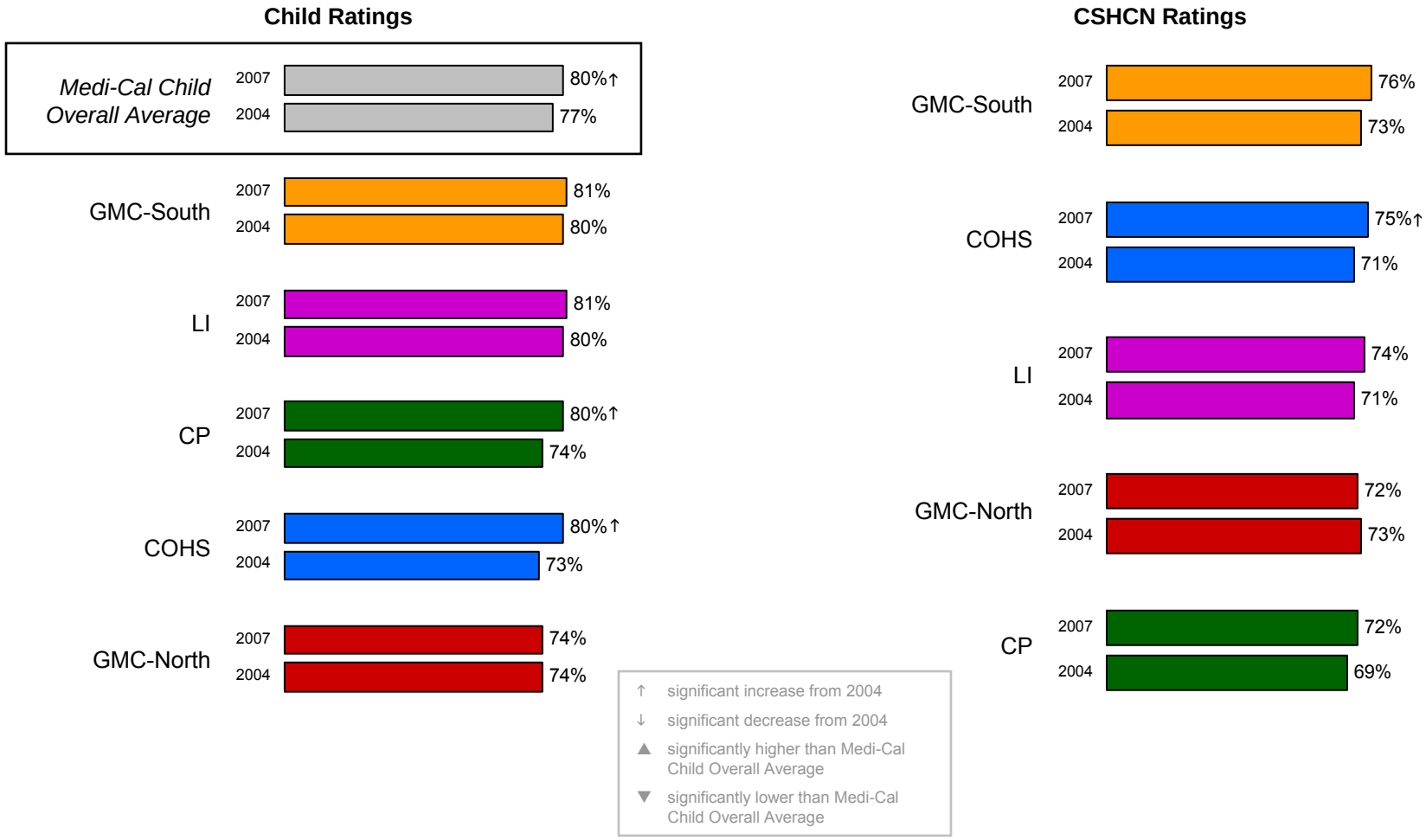
n1 – First n size

P2 – Second percentage

n2 – Second n size

Getting Needed Care *(Percent rated "Not a Problem")*

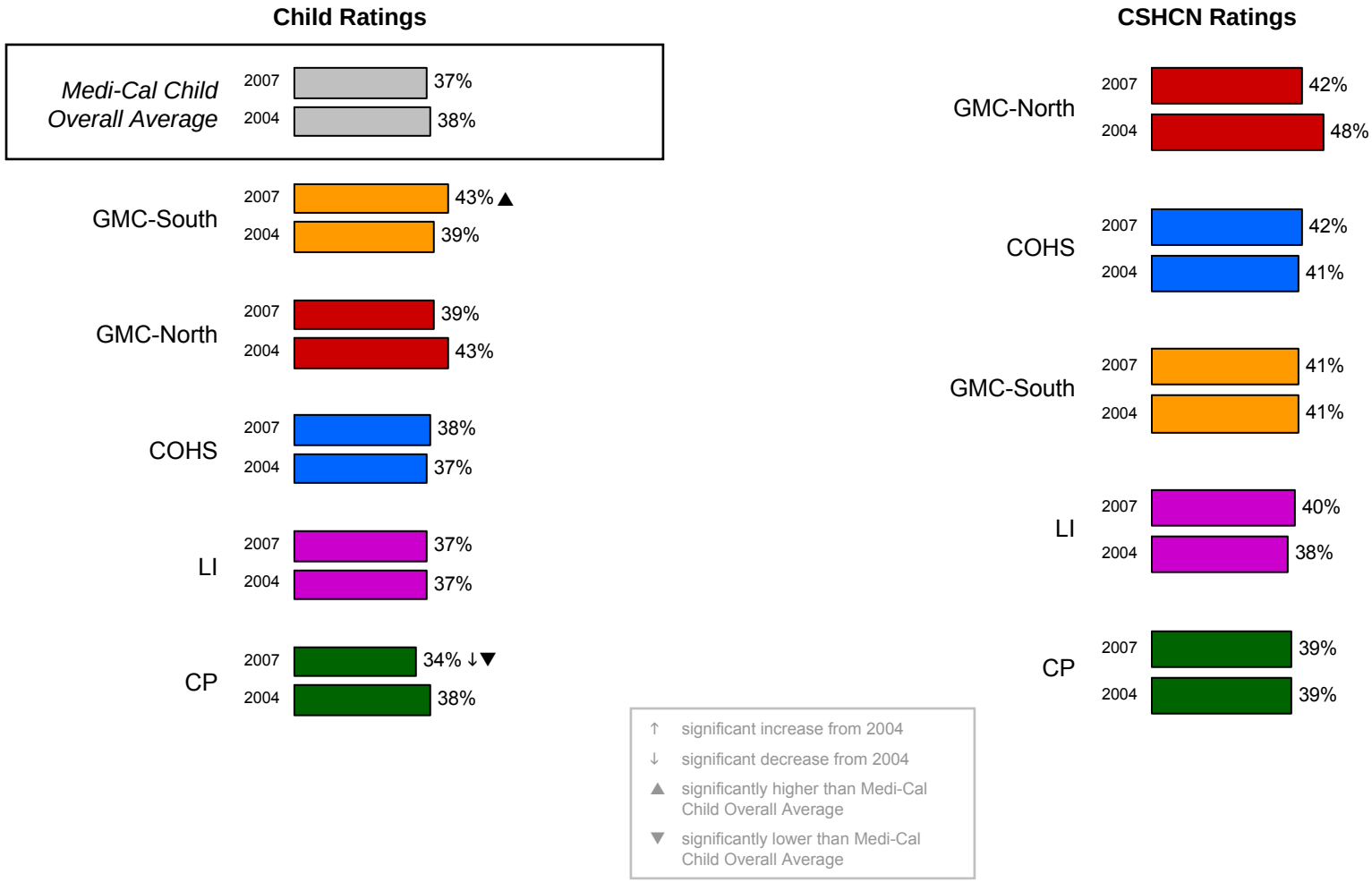
Getting Needed Care is a composite category of four questions regarding whether it was a big problem, a small problem or not a problem to find a personal doctor or nurse with whom they were happy, to see a specialist, to get the necessary care needed, and to get care approved by the health plan without delays.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Getting Care Quickly *(Percent rated "Always")*

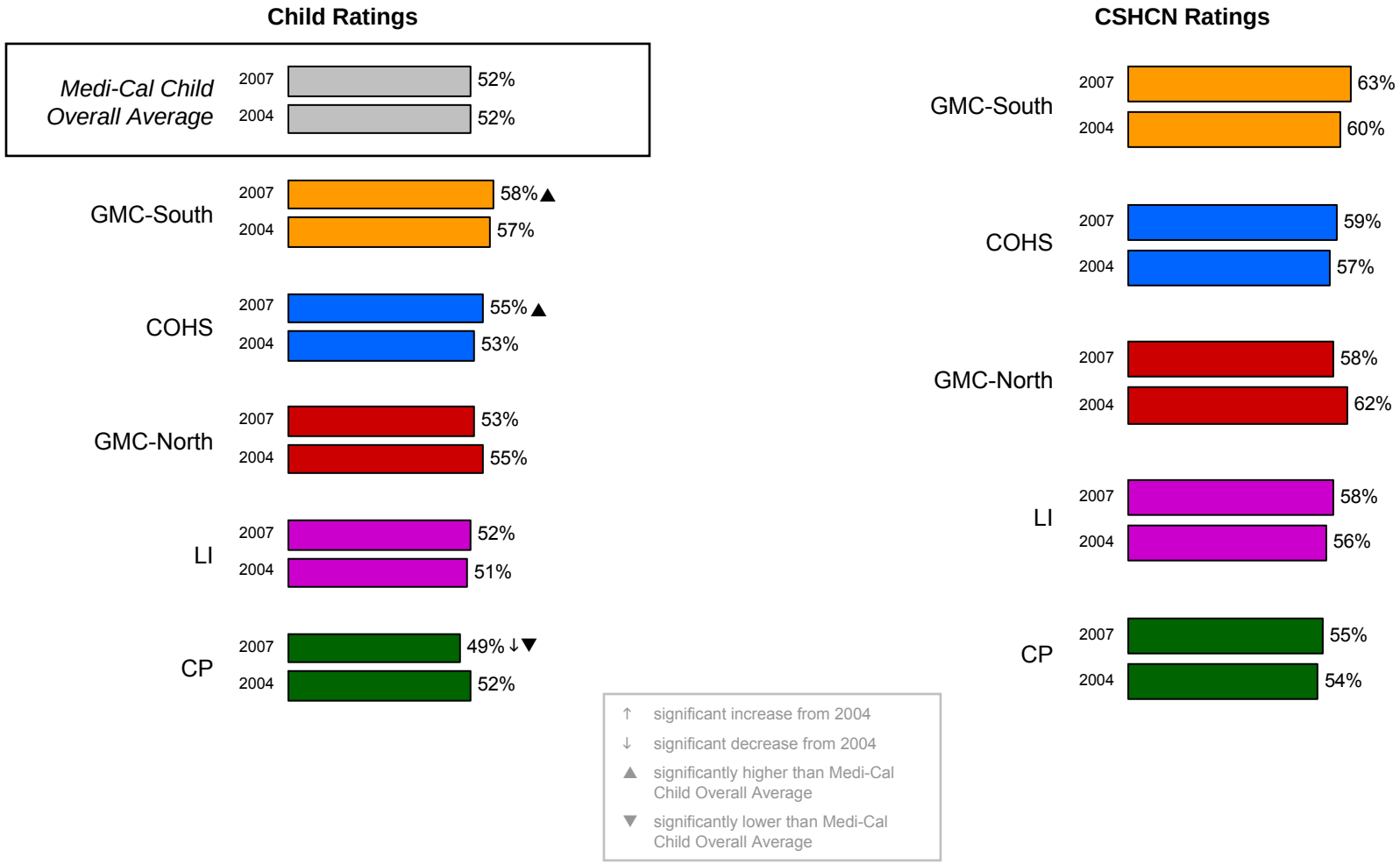
Getting Care Quickly is a composite category of four questions regarding whether members never, sometimes, usually or always received help over the phone during regular office hours, got an appointment for health care as soon as they wanted, got an appointment for an illness, injury or condition and were taken to the exam room within 15 minutes of their appointment time.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

How Well Doctors Communicate *(Percent rated "Always")*

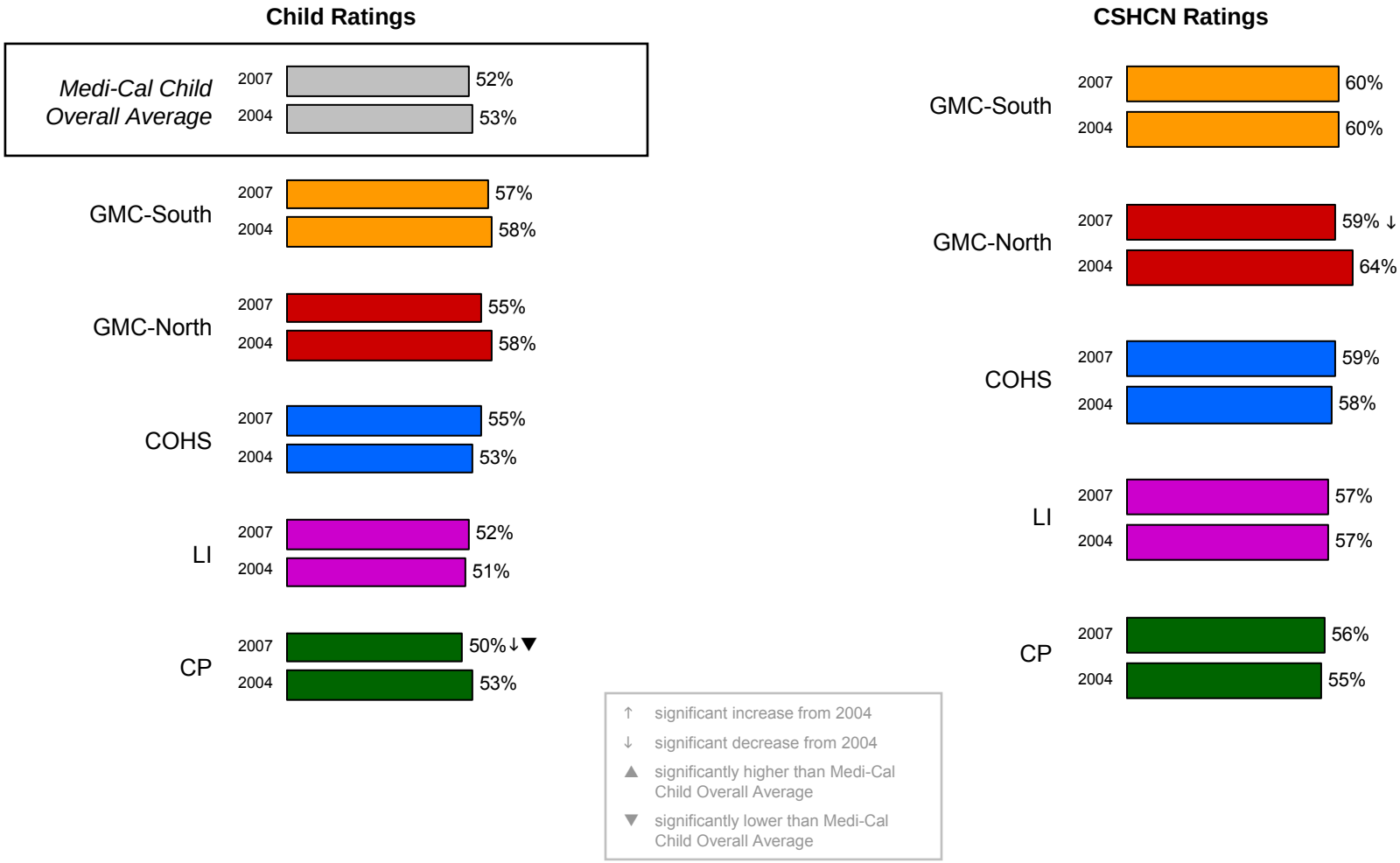
How Well Doctors Communicate is a composite category of four questions regarding whether providers never, sometimes, usually or always listened carefully to members, explained things in a way they could understand, showed respect for what they had to say and spent enough time with them.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Courteous and Helpful Office Staff *(Percent rated "Always")*

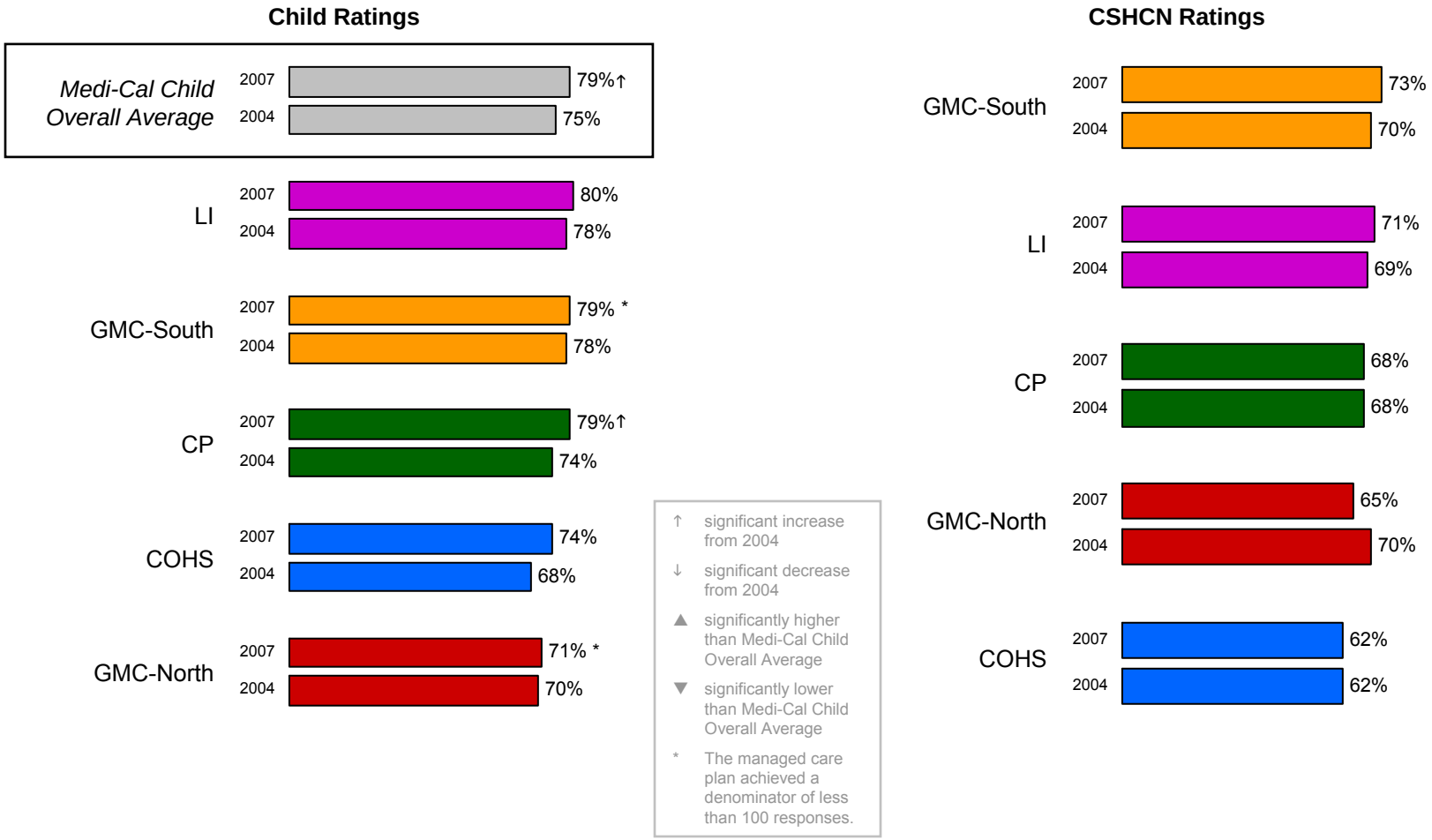
Courteous and Helpful Office Staff is a composite category of two questions regarding whether medical office staff never, sometimes, usually or always were helpful to members and treated them with courtesy and respect.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Customer Service *(Percent rated "Not a Problem")*

Customer Service is a composite category of two questions regarding whether it was a big problem, a small problem or not a problem to get information they needed in written materials from their health plan or on the Internet and to get help from customer service.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

3. SUPPLEMENTAL QUESTIONS BY MEDI-CAL MANAGED CARE MODEL-TYPE

a) SELECT PROPORTIONS AS PERCENTAGES – CALCULATION METHOD
b) NUMBER OF VISITS DOCTOR DISCUSSED / RECOMMENDED PHYSICAL ACTIVITY / EXERCISE
c) NUMBER OF VISITS DOCTOR DISCUSSED / RECOMMENDED WEIGHT LOSS
d) ENGAGE IN PHYSICAL ACTIVITY OR EXERCISE

Selected Proportions as Percentages

The data presented in this section represent the proportion of each model-type's total responses that were attributed to a particular response for each question asked. DHCS chose supplemental questions related to obesity.

Calculation Method:

The response percentage is calculated using the following formula.

$$(X/N) \times 100\% = P$$

Where: X equals the number of responses in the selected response category

N equals the number of member responses (n size)

Note: Missing responses are not included in this calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula.

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \times (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \times (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

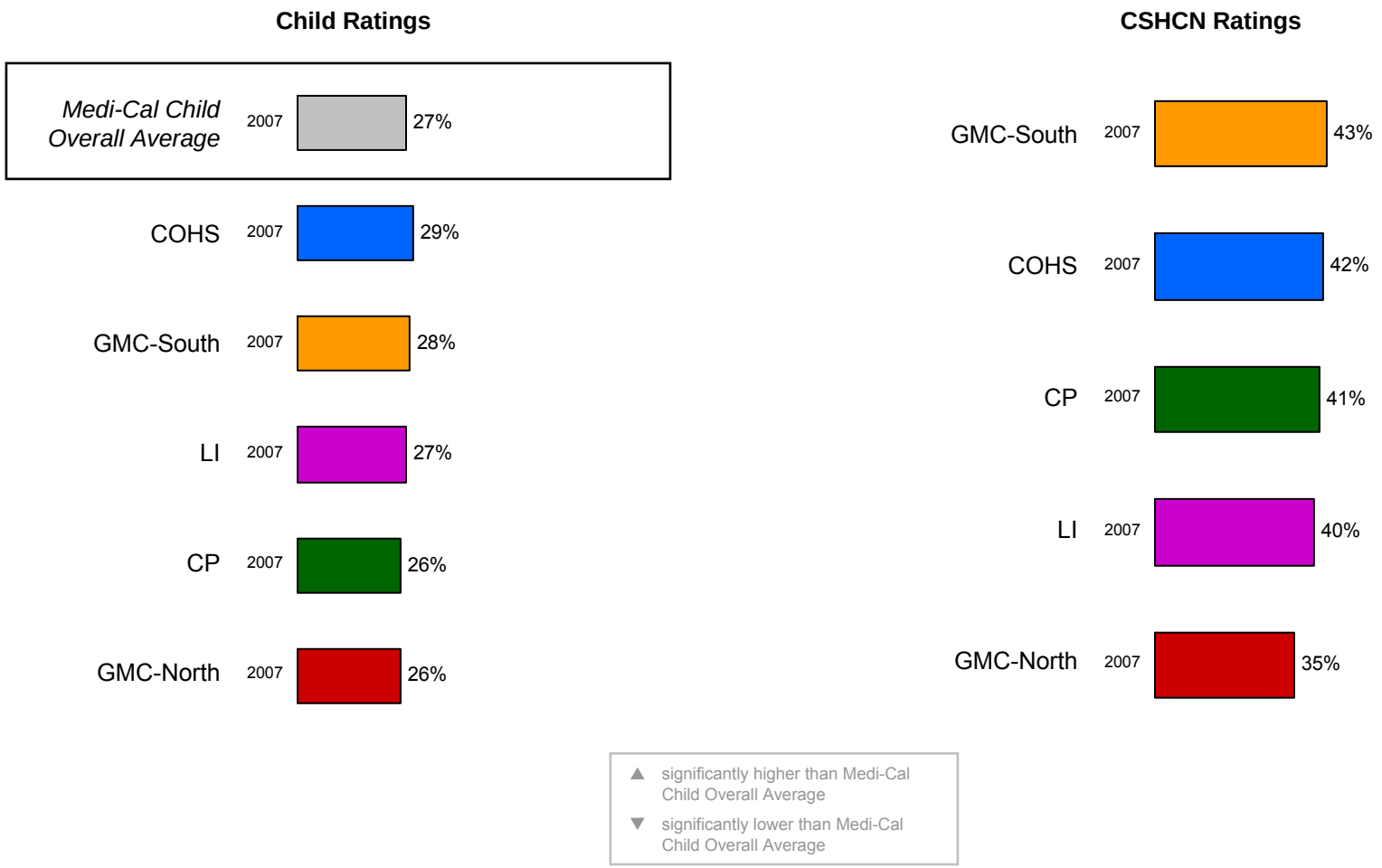
n1 – First n size

P2 – Second percentage

n2 – Second n size

b) Number of Visits Doctor Discussed / Recommended Physical Activity / Exercise *(Percent responding 1 or More Visits)*

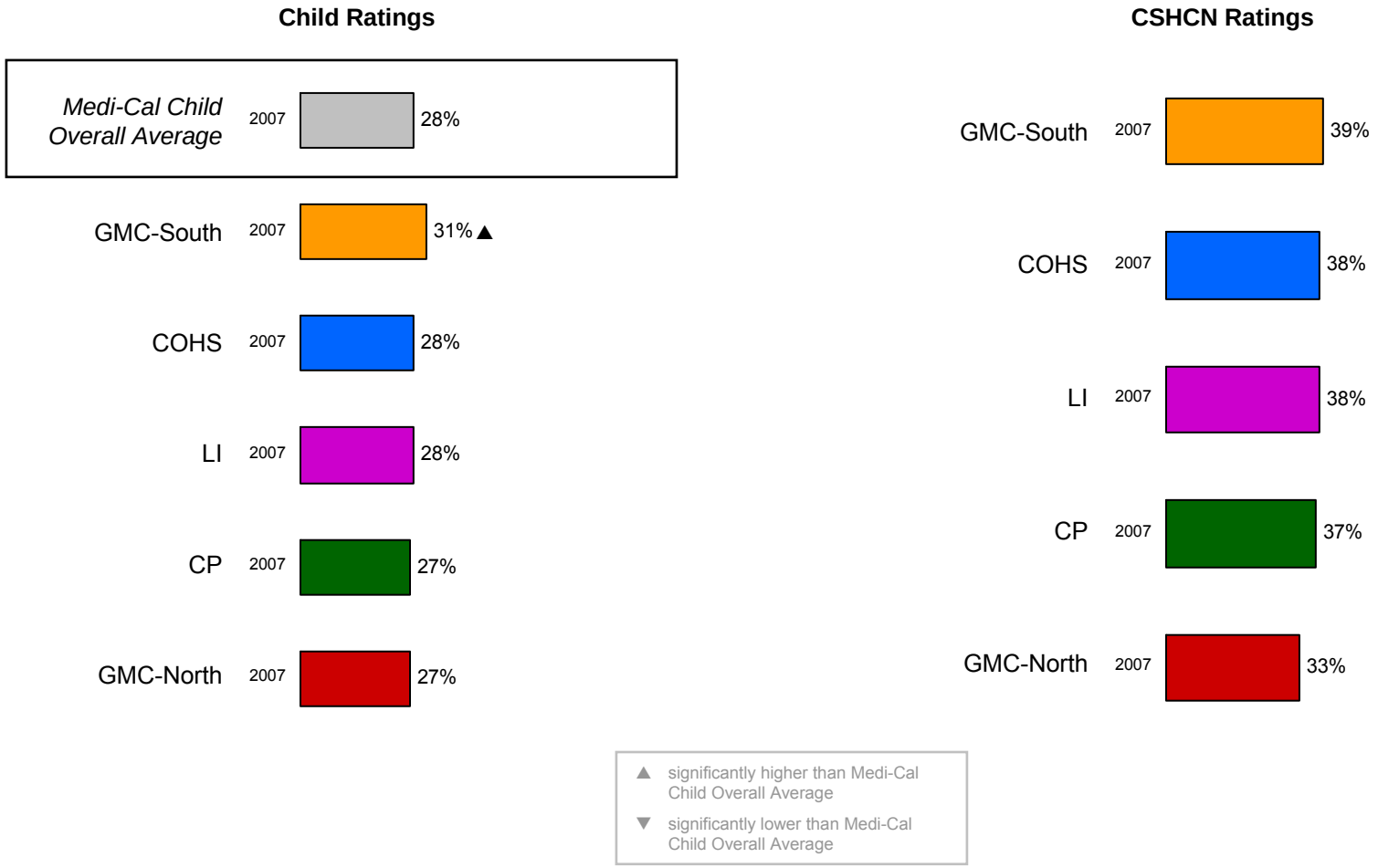
Parents/Guardians were asked to identify how many visits over the previous six months included their child's doctor or health provider recommending or discussing the child's physical activity or exercise.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

c) Number of Visits Doctor Discussed / Recommended Weight Loss *(Percent responding 1 or More Visits)*

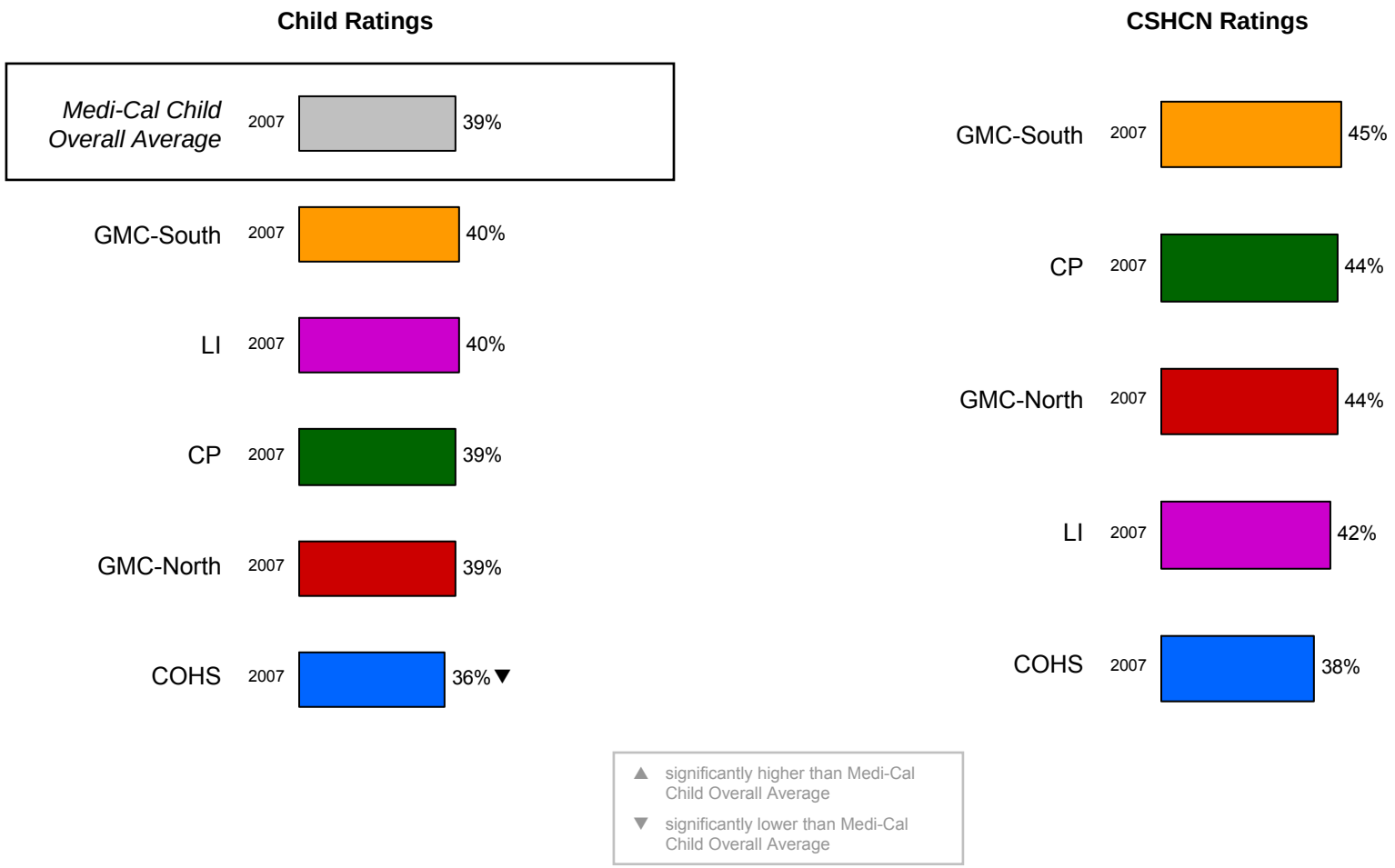
Parents/Guardians were asked to identify how many visits over the previous six months included their child's doctor or health provider discussing the child's weight or recommending weight loss.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

d) Engage in Physical Activity or Exercise (Percent rated "Always")

Parents/Guardians were asked whether within the last six months, whether their child never, sometimes, usually or always engaged in physical activity or exercise for an average of 30 minutes per day.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. The Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

4. OVERALL RESULTS BY MEDI-CAL MANAGED CARE CONTRACTED PLAN

a) TOP FIVE AND BOTTOM FIVE PERFORMERS
b) AVERAGE RESPONSE CALCULATION METHOD
c) AVERAGE RESPONSE BY SURVEY QUESTION
d) COMPOSITE PERCENTAGES CALCULATION METHOD
e) COMPOSITE BEST-RESPONSE PROPORTIONS AS PERCENTAGES

Top Five and Bottom Five Performers

IV. B. 4. a)

- Five contracted plans were identified as high performers for many of the measures rated among child members:
  - Kaiser Permanente (Sacramento);
  - Kaiser Permanente (San Diego);
  - Partnership HealthPlan;
  - Santa Clara Family Health Plan; and
  - Blue Cross of California (Tulare).
- In contrast, several plans performed in the bottom five for many of the measures rated:
  - Care1st Health Plan (Sacramento);
  - Health Net (Sacramento);
  - Molina Healthcare (Sacramento);
  - Blue Cross of California (Sacramento); and
  - Care1st Health Plan (San Diego).
- Notably, four out of the six GMC-North plans are mentioned as plans that are not performing well.

Average Response by Survey Question

The data presented in this section represent each contracted plan's average (or mean) result for members rating of their personal doctor, their specialist, overall health care and overall health plan on a "0 to 10" scale, where a "0" means the worst possible and a "10" means the best possible.

Calculation Method:

The average rating/mean is the sum of the response values divided by the total number of responses. It identifies the central location of the data and is calculated using the following formula:

$$\frac{\sum(X)}{N} = M$$

Where: $\sum$ equals the sum of

X equals the individual response values (data points)

N equals the number of member responses (n size)

Note: Missing responses are not included in the mean/average rating calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula:

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \text{ x } (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \text{ x } (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

n1 – First n size

P2 – Second percentage

n2 – Second n size

Personal Doctor/Nurse Ratings *(Mean/Average)*

Parents/Guardians who have one person they think of as their child's personal doctor or nurse were asked to rate their child's personal doctor or nurse overall using a "0 to 10" scale, where a "0" means the worst personal doctor or nurse possible and a "10" means the best personal doctor or nurse possible.

	Child Ratings 2004	Child Ratings 2007
Medi-Cal Child Overall Average	8.6	8.7
Kaiser Permanente (San Diego)	9.0	9.2 ↑▲
Kaiser Permanente (Sacramento)	9.0	9.2 ▲
Blue Cross of California (San Diego)	8.6	9.1 ↑▲
Partnership HealthPlan	8.7	9.0 ↑▲
Central Coast Alliance for Health	8.7	9.0 ↑▲
Santa Clara Family Health Plan	8.4	9.0 ↑▲
Community Health Group	8.9	8.9 ▲
Blue Cross of California (Tulare)	8.8	8.9 ▲
Health Plan of San Mateo	8.7	8.9 ▲
Contra Costa Health Plan	8.7	8.9 ▲
San Francisco Health Plan	8.6	8.9
Health Net (San Diego)	8.6	8.9 ↑
Molina Healthcare (San Diego)		8.8
Alameda Alliance for Health	8.8	8.8
Western Health Advantage	8.6	8.8
L.A. Care Health Plan	8.8	8.7
CalOptima	8.6	8.7
Santa Barbara Regional Health Authority	8.5	8.7
Molina Healthcare (CP)	8.5	8.7
Blue Cross of California (CP)	8.5	8.7
Health Net (CP)	8.6	8.6
Inland Empire Health Plan	8.5	8.6
Health Plan of San Joaquin	8.5	8.6
Molina Healthcare (Sacramento)	8.4	8.6
Blue Cross of California (Stanislaus)	8.4	8.6
Kern Family Health Care	8.5	8.5
Blue Cross of California (Sacramento)	8.3	8.4 ▼
Care1st Health Plan (San Diego)		8.3*
Health Net (Sacramento)	8.4	8.2 ▼
Care1st Health Plan (Sacramento)		8.1* ▼

↑ significant increase from 2004

↓ significant decrease from 2004

▲ significantly higher than Medi-Cal Child Overall Average

▼ significantly lower than Medi-Cal Child Overall Average

* The managed care plan achieved a denominator of less than 100 responses.

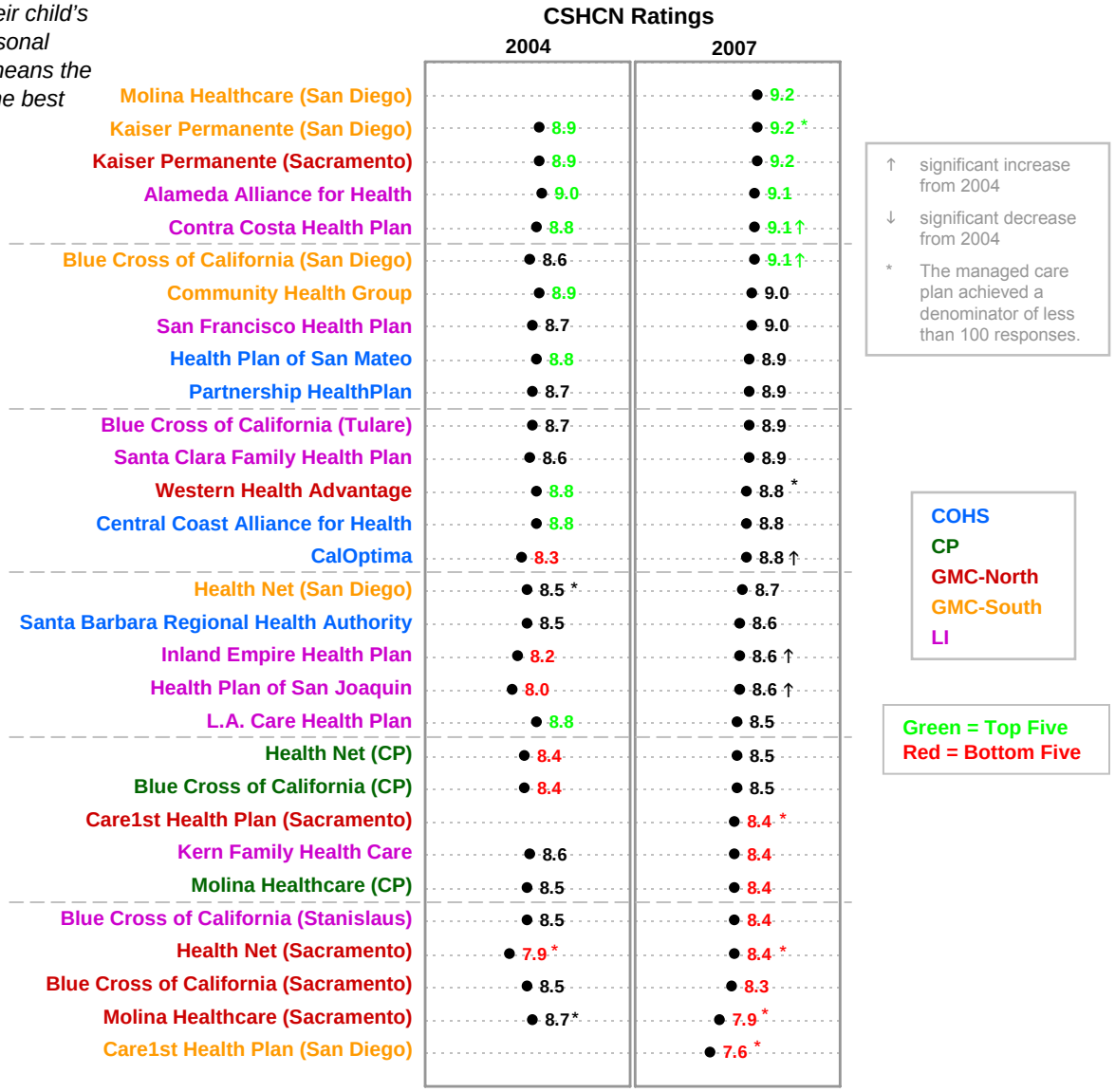
COHS
CP
GMC-North
GMC-South
LI

Green = Top Five
Red = Bottom Five

Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

Personal Doctor/Nurse Ratings *(Mean/Average)*

Parents/Guardians who have one person they think of as their child's personal doctor or nurse were asked to rate their child's personal doctor or nurse overall using a "0 to 10" scale, where a "0" means the worst personal doctor or nurse possible and a "10" means the best personal doctor or nurse possible.



Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Specialist Ratings *(Mean/Average)*

Parents/Guardians whose child had seen a specialist in the past six months were asked to rate their child's specialist overall using a "0 to 10" scale, where a "0" means the worst specialist possible and a "10" means the best specialist possible.

Child Ratings

	2004	2007
Medi-Cal Child Overall Average	8.4	8.5
Care1st Health Plan (San Diego)		9.3 *
Health Net (San Diego)	8.7 *	9.0 * ▲
Western Health Advantage	8.4 *	9.0 * ▲
Blue Cross of California (Tulare)	8.8	8.9 ▲
Santa Clara Family Health Plan	8.2 *	8.9 *
Alameda Alliance for Health	8.9	8.8 *
Blue Cross of California (Stanislaus)	8.5 *	8.8
Blue Cross of California (San Diego)	8.5	8.8
Blue Cross of California (CP)	8.2	8.8 ↑
Health Plan of San Mateo	9.0	8.7
Santa Barbara Regional Health Authority	8.9	8.7 *
Kaiser Permanente (San Diego)	8.8	8.7 *
Central Coast Alliance for Health	8.7	8.7 *
Molina Healthcare (Sacramento)	8.6 *	8.7 *
Partnership HealthPlan	8.5 *	8.7 *
Health Plan of San Joaquin	8.7 *	8.6 *
Contra Costa Health Plan	8.4 *	8.6 *
Inland Empire Health Plan	8.1	8.6 *
Molina Healthcare (San Diego)		8.5 *
Community Health Group	9.0 *	8.5 *
Kern Family Health Care	8.6 *	8.5 *
Health Net (CP)	8.5	8.5 *
CalOptima	8.5	8.5
Blue Cross of California (Sacramento)	7.8 *	8.5 ↑
San Francisco Health Plan	8.5 *	8.4
Kaiser Permanente (Sacramento)	8.4	8.4 *
Care1st Health Plan (Sacramento)		8.3 *
Molina Healthcare (CP)	8.3 *	8.2 *
L.A. Care Health Plan	8.2 *	8.2 *
Health Net (Sacramento)	8.2 *	7.6 * ▼

↑ significant increase from 2004

↓ significant decrease from 2004

▲ significantly higher than Medi-Cal Child Overall Average

▼ significantly lower than Medi-Cal Child Overall Average

* The managed care plan achieved a denominator of less than 100 responses.

COHS
CP
GMC-North
GMC-South
LI

Green = Top Five
Red = Bottom Five

Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

Specialist Ratings *(Mean/Average)*

Parents/Guardians whose child had seen a specialist in the past six months were asked to rate their child's specialist overall using a "0 to 10" scale, where a "0" means the worst specialist possible and a "10" means the best specialist possible.

Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Health Care Ratings *(Mean/Average)*

Parents/Guardians whose child went to a doctor's office or clinic in the past six months were asked to rate their child's health care overall using a "0 to 10" scale, where a "0" means the worst health care possible and a "10" means the best health care possible.

Child Ratings

	2004	2007
Medi-Cal Child Overall Average	8.4	8.5 ↑
Kaiser Permanente (San Diego)	8.8	9.0 ↑ ▲
Kaiser Permanente (Sacramento)	8.8	9.0 ▲
Health Plan of San Mateo	8.6	8.9 ↑ ▲
Central Coast Alliance for Health	8.7	8.8 ▲
Santa Clara Family Health Plan	8.3	8.8 ↑ ▲
Community Health Group	8.7	8.7
Blue Cross of California (Tulare)	8.6	8.7
Contra Costa Health Plan	8.4	8.7 ↑ ▲
Blue Cross of California (San Diego)	8.4	8.7 ↑
Molina Healthcare (San Diego)		8.6
Care1st Health Plan (San Diego)		8.6 *
Alameda Alliance for Health	8.6	8.6
San Francisco Health Plan	8.5	8.6
Partnership HealthPlan	8.5	8.6
Health Net (San Diego)	8.5	8.6
Health Plan of San Joaquin	8.3	8.6
CalOptima	8.3	8.6 ↑
Health Net (CP)	8.3	8.5
Molina Healthcare (CP)	8.2	8.5
Inland Empire Health Plan	8.2	8.5 ↑
L.A. Care Health Plan	8.5	8.4
Blue Cross of California (CP)	8.3	8.4
Santa Barbara Regional Health Authority	8.2	8.4
Blue Cross of California (Stanislaus)	8.2	8.4
Blue Cross of California (Sacramento)	8.2	8.4
Western Health Advantage	7.8	8.4 ↑
Kern Family Health Care	8.0	8.3 ▼
Molina Healthcare (Sacramento)	8.5	8.2
Care1st Health Plan (Sacramento)		8.1 ▼
Health Net (Sacramento)	8.2	8.1 ▼

↑ significant increase from 2004

↓ significant decrease from 2004

▲ significantly higher than Medi-Cal Child Overall Average

▼ significantly lower than Medi-Cal Child Overall Average

* The managed care plan achieved a denominator of less than 100 responses.

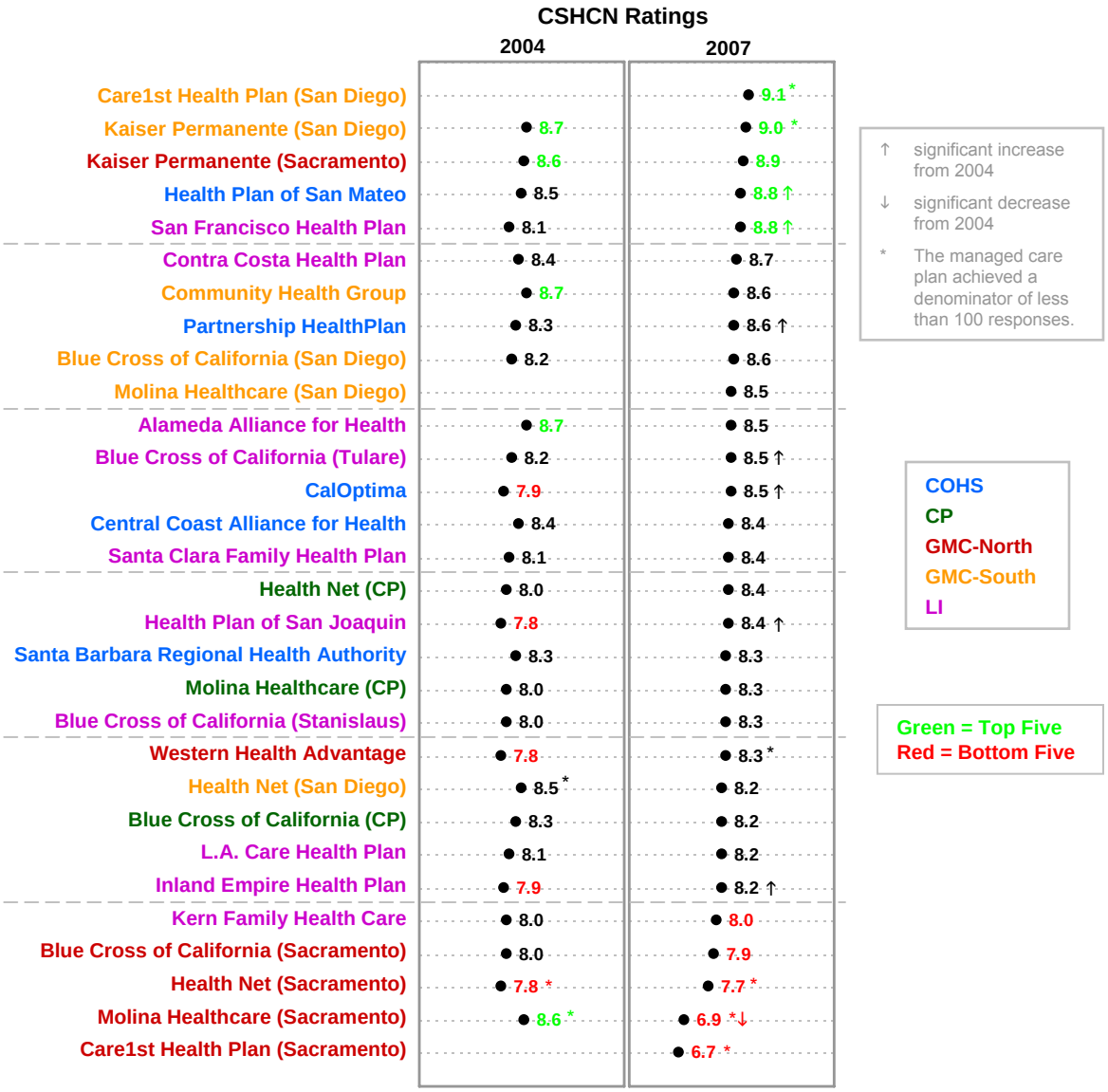
COHS
CP
GMC-North
GMC-South
LI

Green = Top Five
Red = Bottom Five

Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

Health Care Ratings *(Mean/Average)*

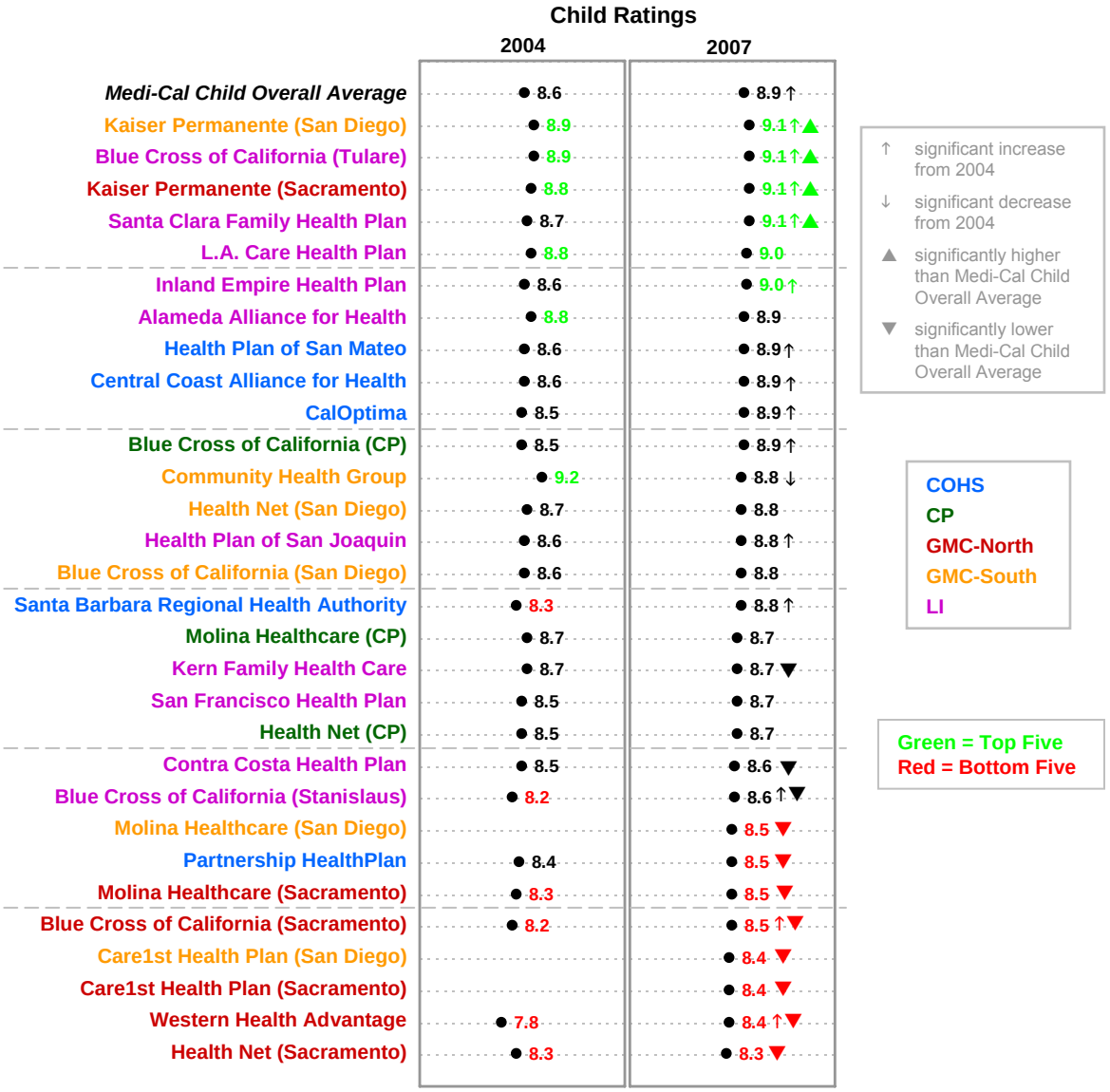
Parents/Guardians whose child went to a doctor's office or clinic in the past six months were asked to rate their child's health care overall using a "0 to 10" scale, where a "0" means the worst health care possible and a "10" means the best health care possible.



Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Health Plan Ratings *(Mean/Average)*

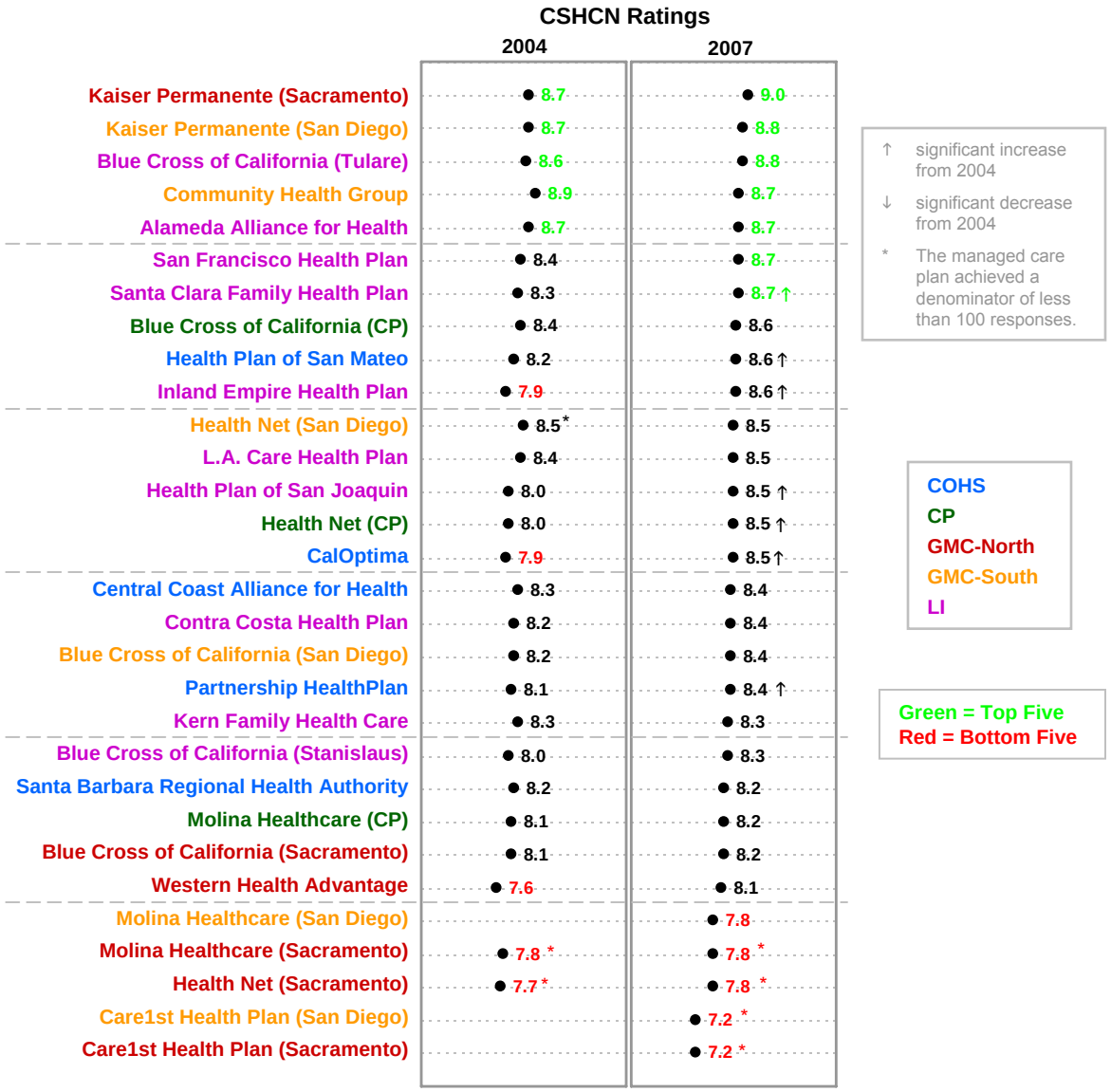
Parents/Guardians were asked to rate their child's health plan overall using a "0 to 10" scale, where a "0" means the worst health plan possible and a "10" means the best health plan possible.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

Health Plan Ratings *(Mean/Average)*

Parents/Guardians were asked to rate their child's health plan overall using a "0 to 10" scale, where a "0" means the worst health plan possible and a "10" means the best health plan possible.



Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Composite Best-Response Proportions as Percentages

The data presented in this section represent the proportion of each contracted plan's total responses that were attributed to the most positive response category for each composite area and that proportion converted to a percentage. Each composite area is derived by combining survey results of similar questions; such areas include: *Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Courteous and Helpful Office Staff,* and *Customer Service*.

Calculation Method:

The most positive response percentage is calculated using the following formula.

$$(X/N) \times 100\% = P$$

Where: X equals the number of responses in the most positive response category (*always* or *definitely yes*)

N equals the number of member responses (n size)

Note: Missing responses are not included in this calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula.

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \times (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \times (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

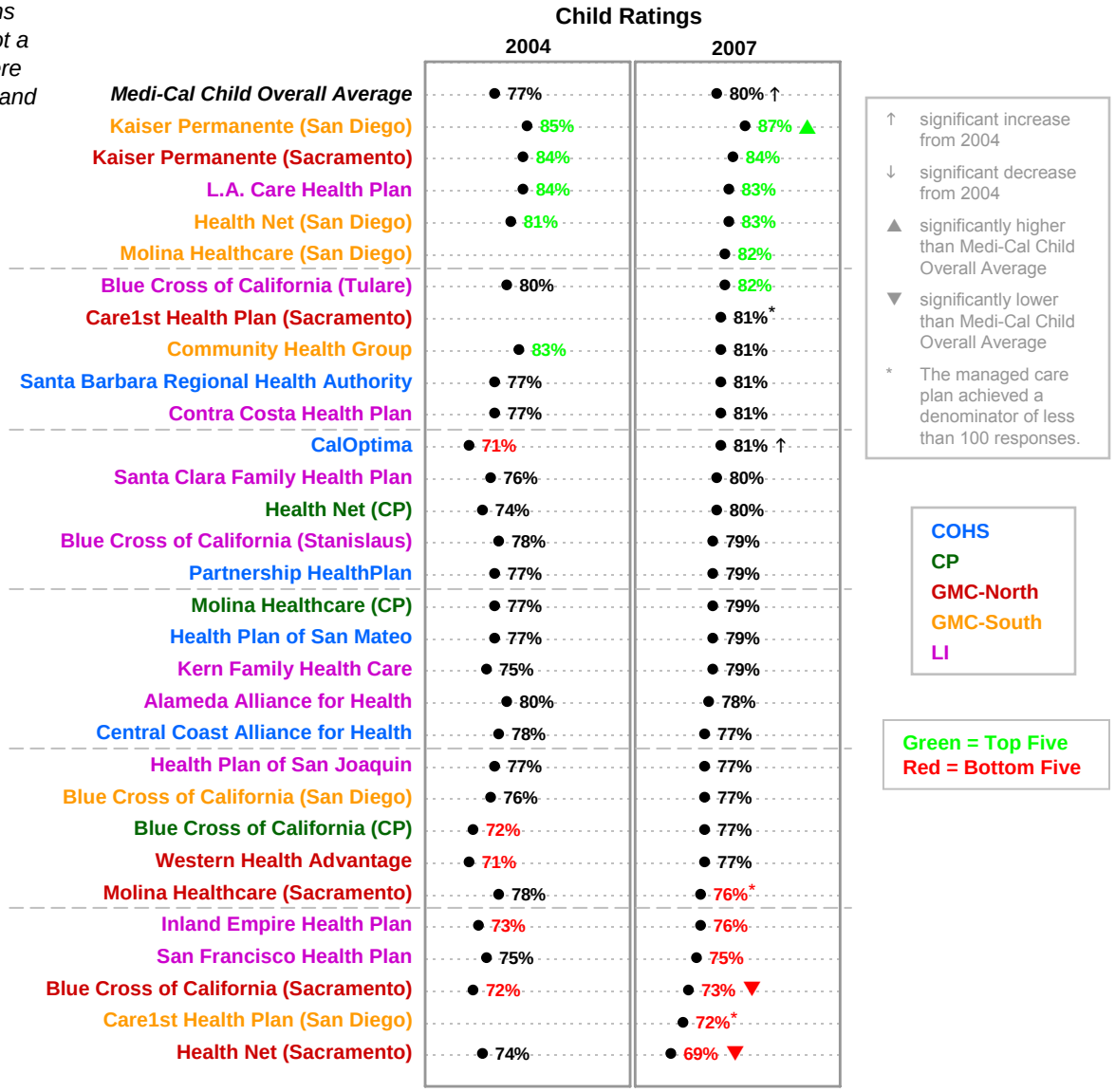
n1 – First n size

P2 – Second percentage

n2 – Second n size

Getting Needed Care *(Percent rated "Not a Problem")*

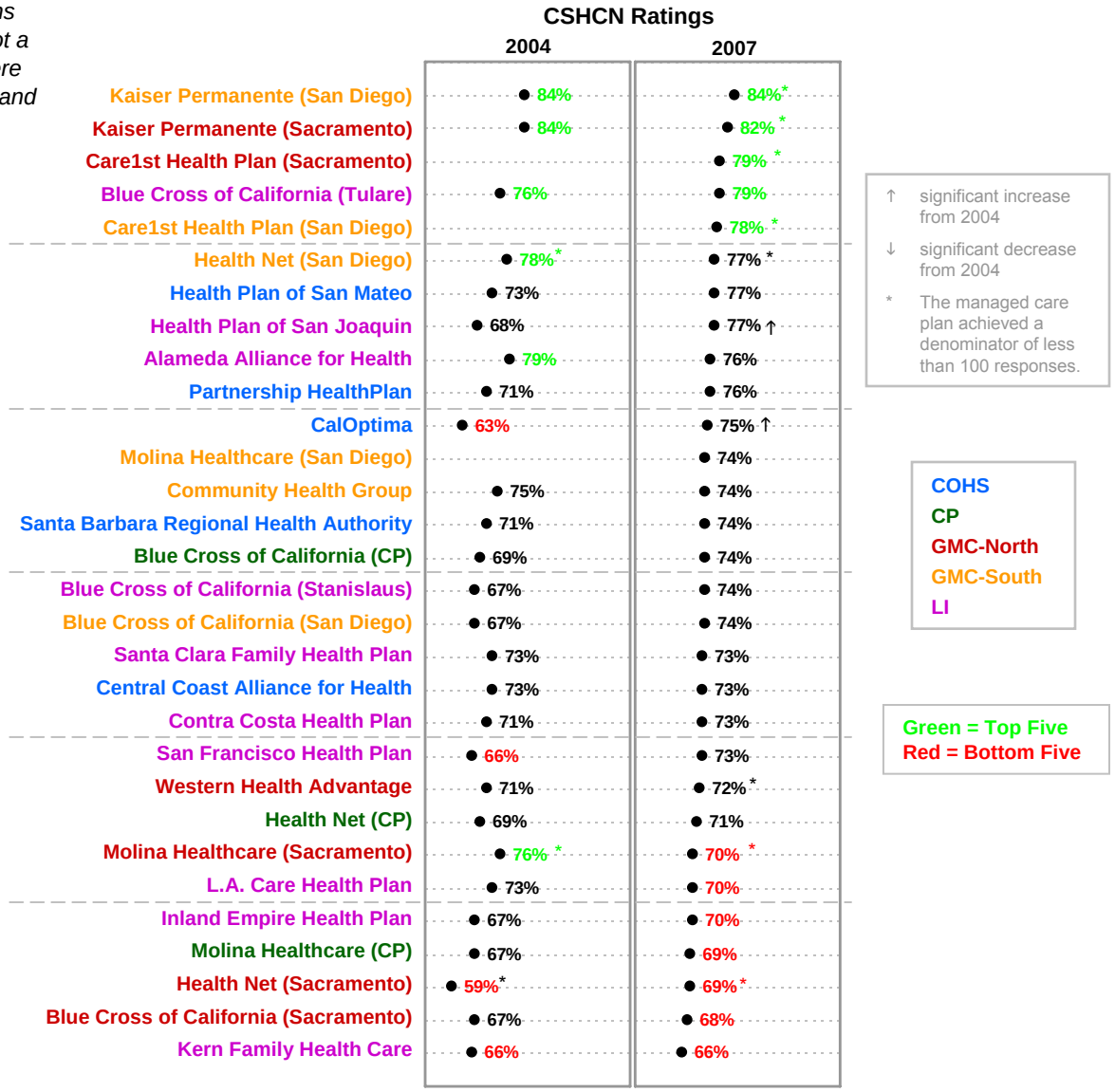
Getting Needed Care is a composite category of four questions regarding whether it was a big problem, a small problem or not a problem to find a personal doctor or nurse with whom they were happy, to see a specialist, to get the necessary care needed, and to get care approved by the health plan without delays.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

Getting Needed Care *(Percent rated "Not a Problem")*

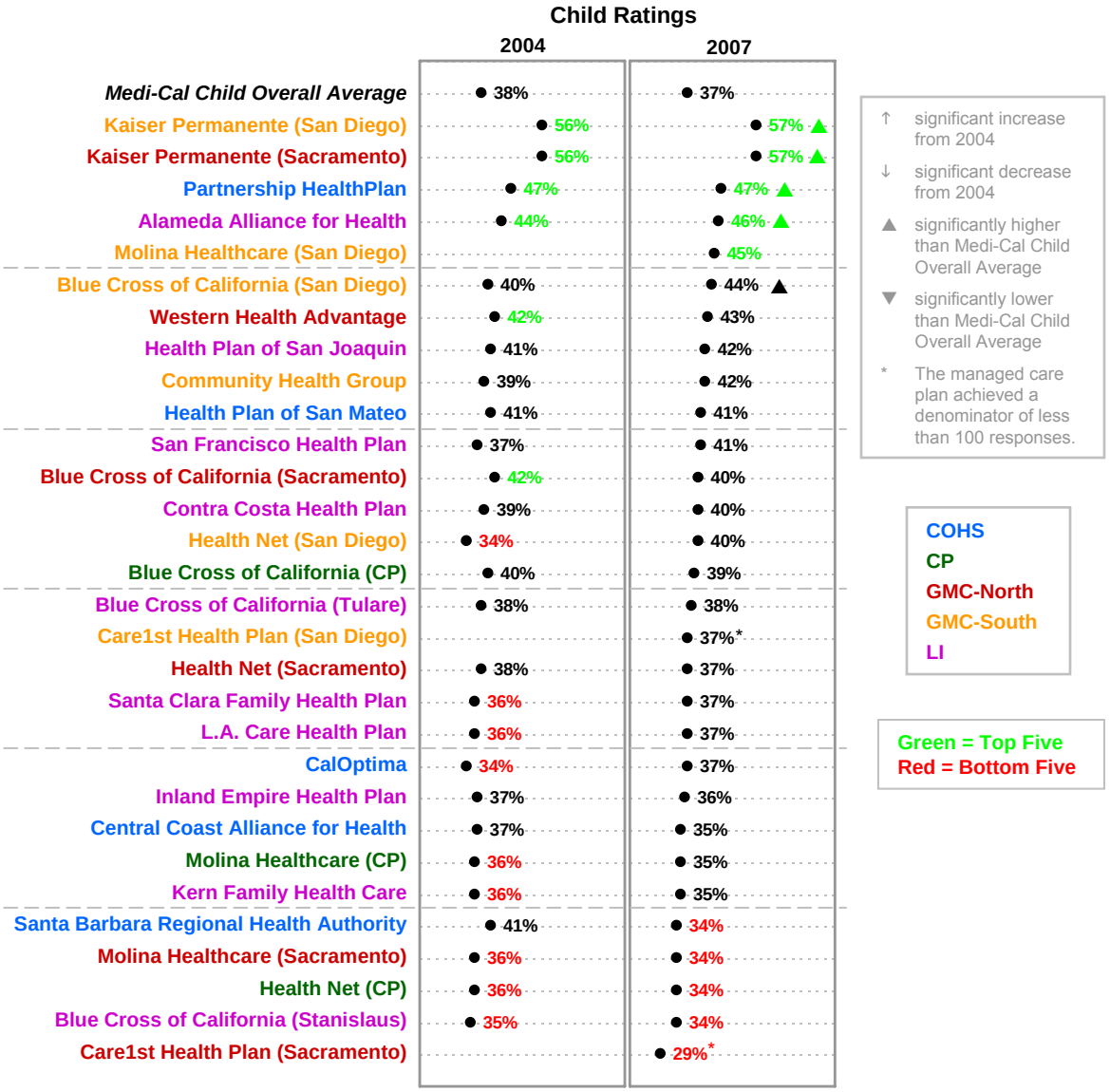
Getting Needed Care is a composite category of four questions regarding whether it was a big problem, a small problem or not a problem to find a personal doctor or nurse with whom they were happy, to see a specialist, to get the necessary care needed, and to get care approved by the health plan without delays.



Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Getting Care Quickly *(Percent rated "Always")*

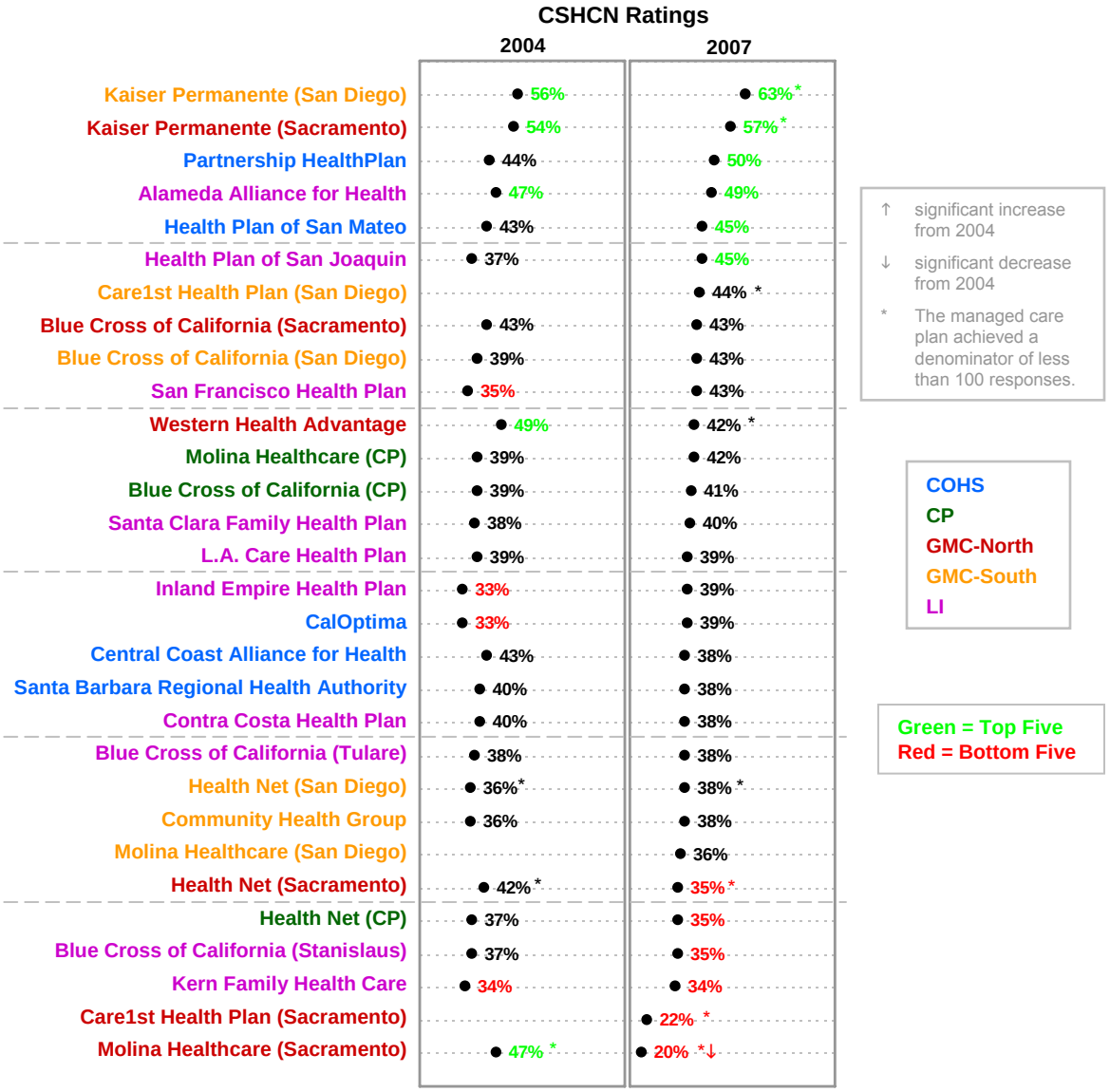
Getting Care Quickly is a composite category of four questions regarding whether members never, sometimes, usually or always received help over the phone during regular office hours, got an appointment for health care as soon as they wanted, got an appointment for an illness, injury or condition and were taken to the exam room within 15 minutes of their appointment time.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

Getting Care Quickly *(Percent rated "Always")*

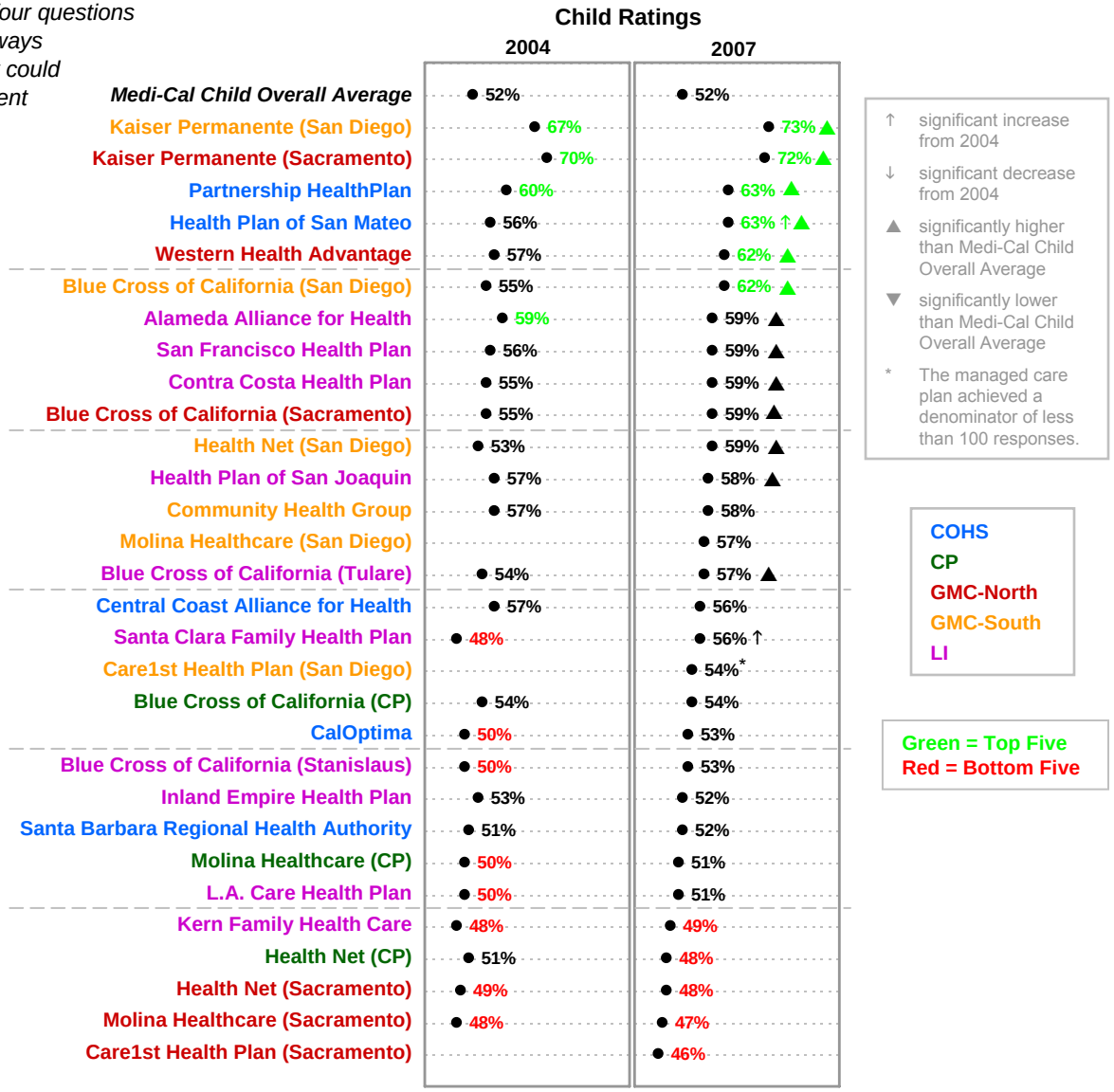
Getting Care Quickly is a composite category of four questions regarding whether members never, sometimes, usually or always received help over the phone during regular office hours, got an appointment for health care as soon as they wanted, got an appointment for an illness, injury or condition and were taken to the exam room within 15 minutes of their appointment time.



Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

How Well Doctors Communicate *(Percent rated "Always")*

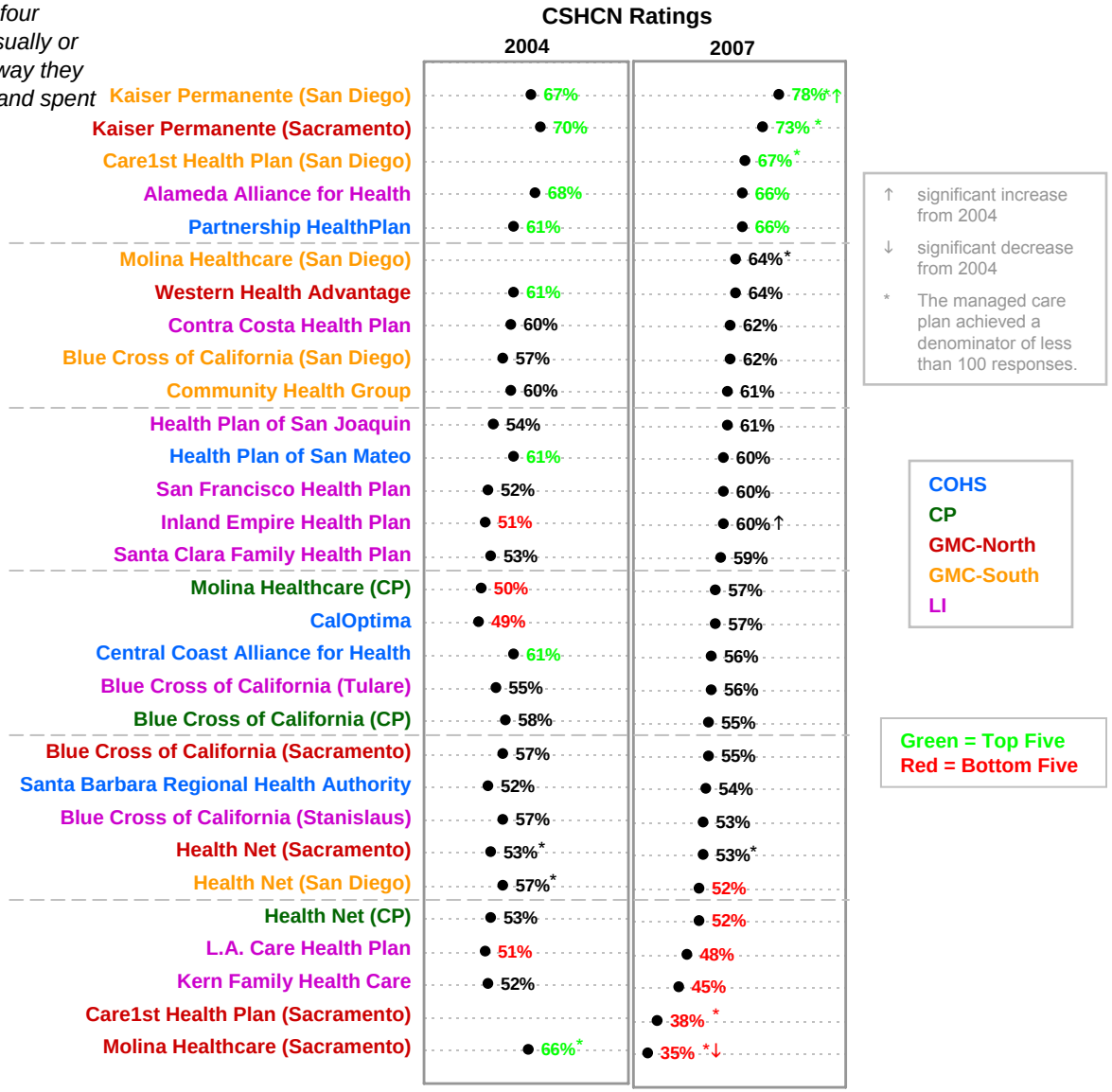
How Well Doctors Communicate is a composite category of four questions regarding whether providers never, sometimes, usually or always listened carefully to members, explained things in a way they could understand, showed respect for what they had to say and spent enough time with them.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

How Well Doctors Communicate *(Percent rated "Always")*

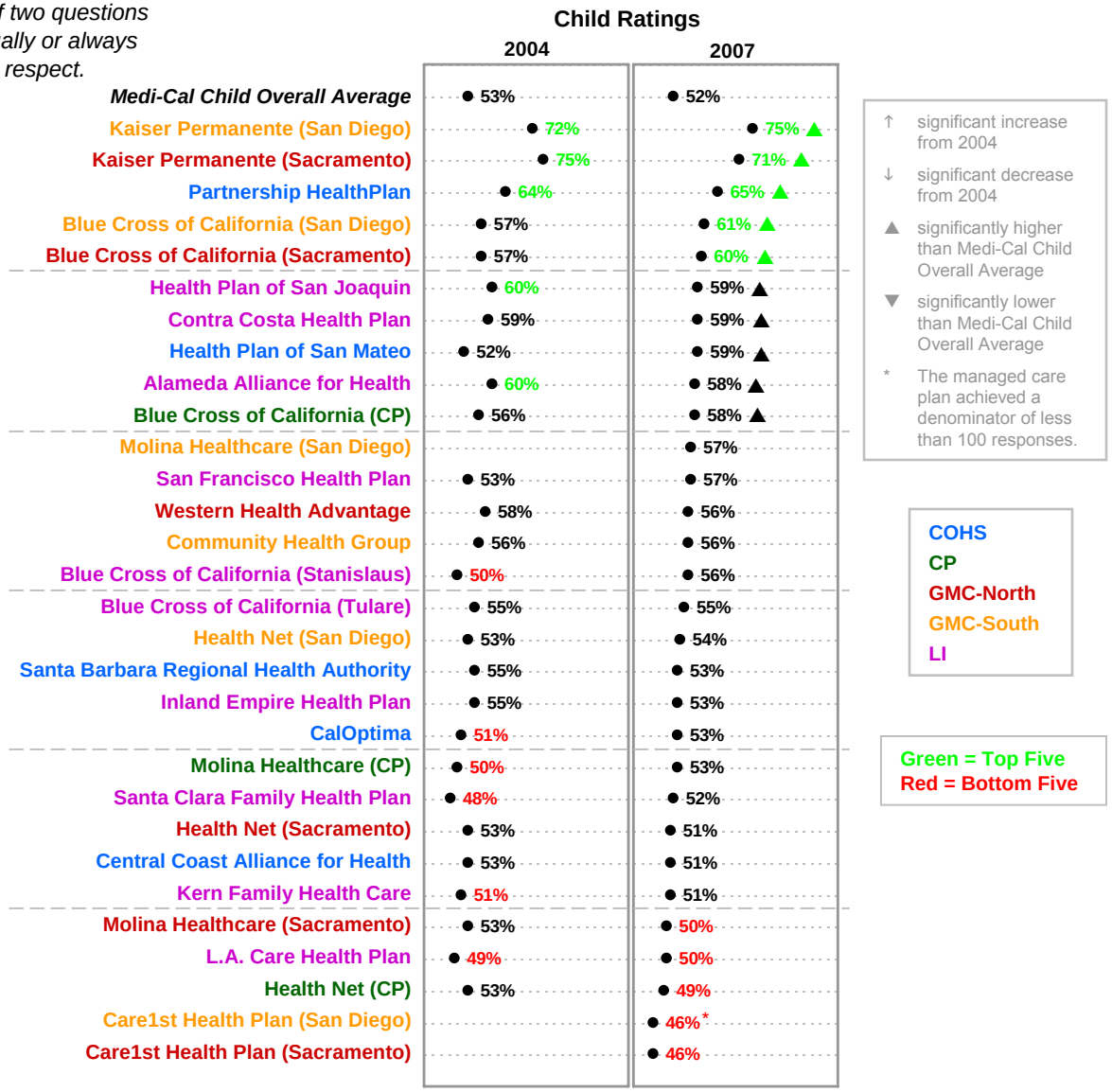
How Well Doctors Communicate is a composite category of four questions regarding whether providers never, sometimes, usually or always listened carefully to members, explained things in a way they could understand, showed respect for what they had to say and spent enough time with them.



Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Courteous and Helpful Office Staff *(Percent rated "Always")*

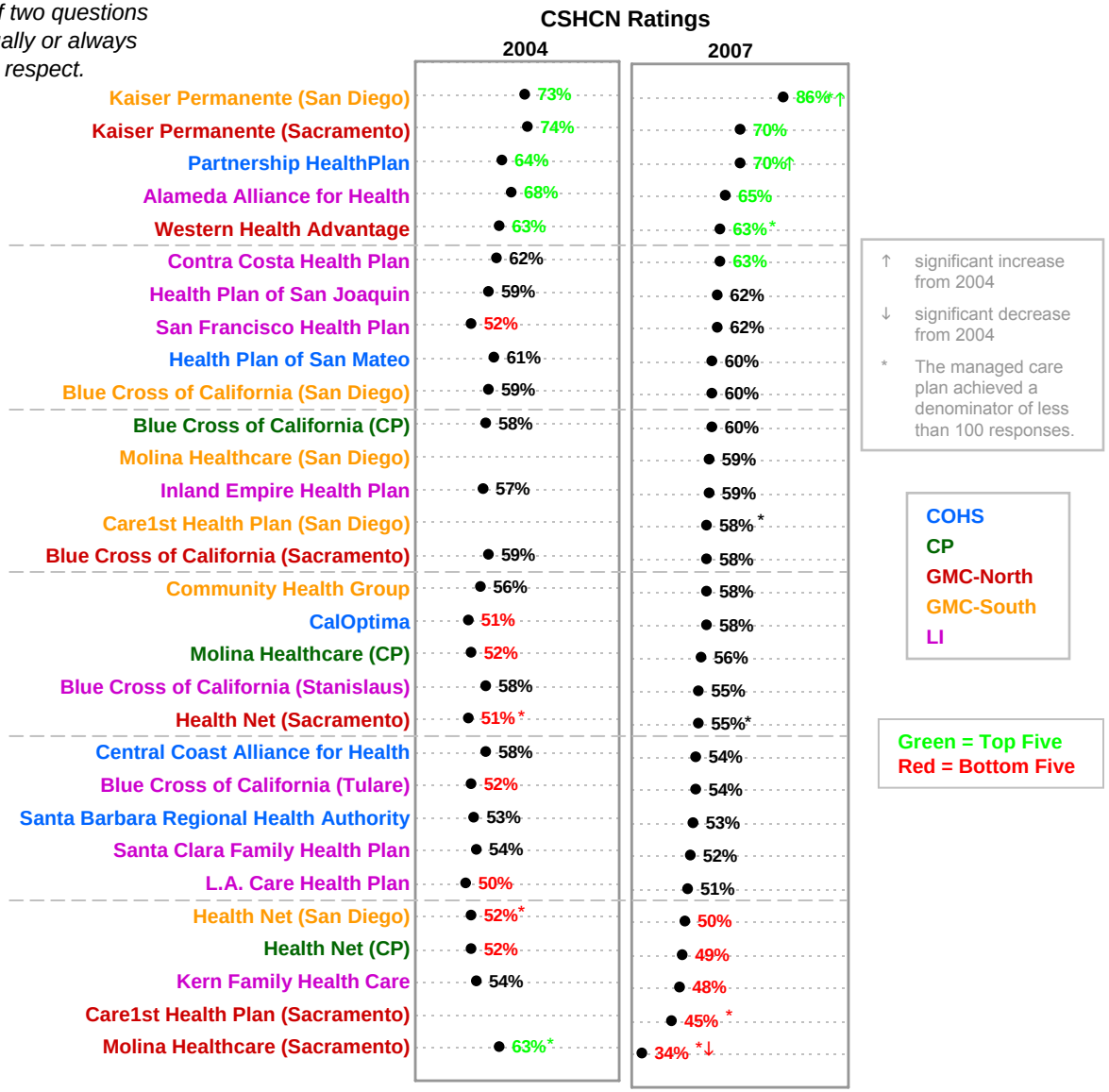
Courteous and Helpful Office Staff is a composite category of two questions regarding whether medical office staff never, sometimes, usually or always were helpful to members and treated them with courtesy and respect.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

Courteous and Helpful Office Staff *(Percent rated "Always")*

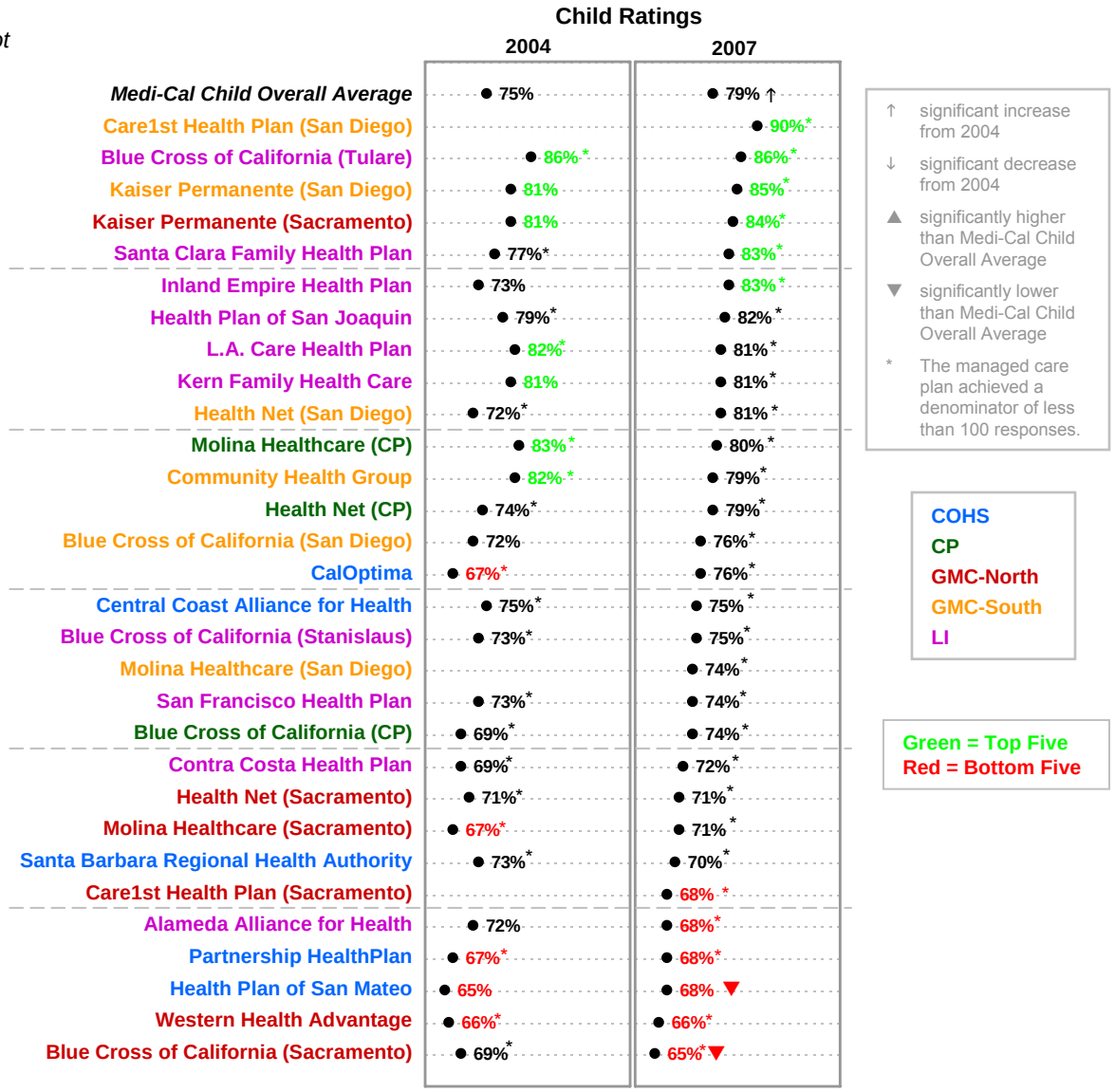
Courteous and Helpful Office Staff is a composite category of two questions regarding whether medical office staff never, sometimes, usually or always were helpful to members and treated them with courtesy and respect.



Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

Customer Service *(Percent rated "Not a Problem")*

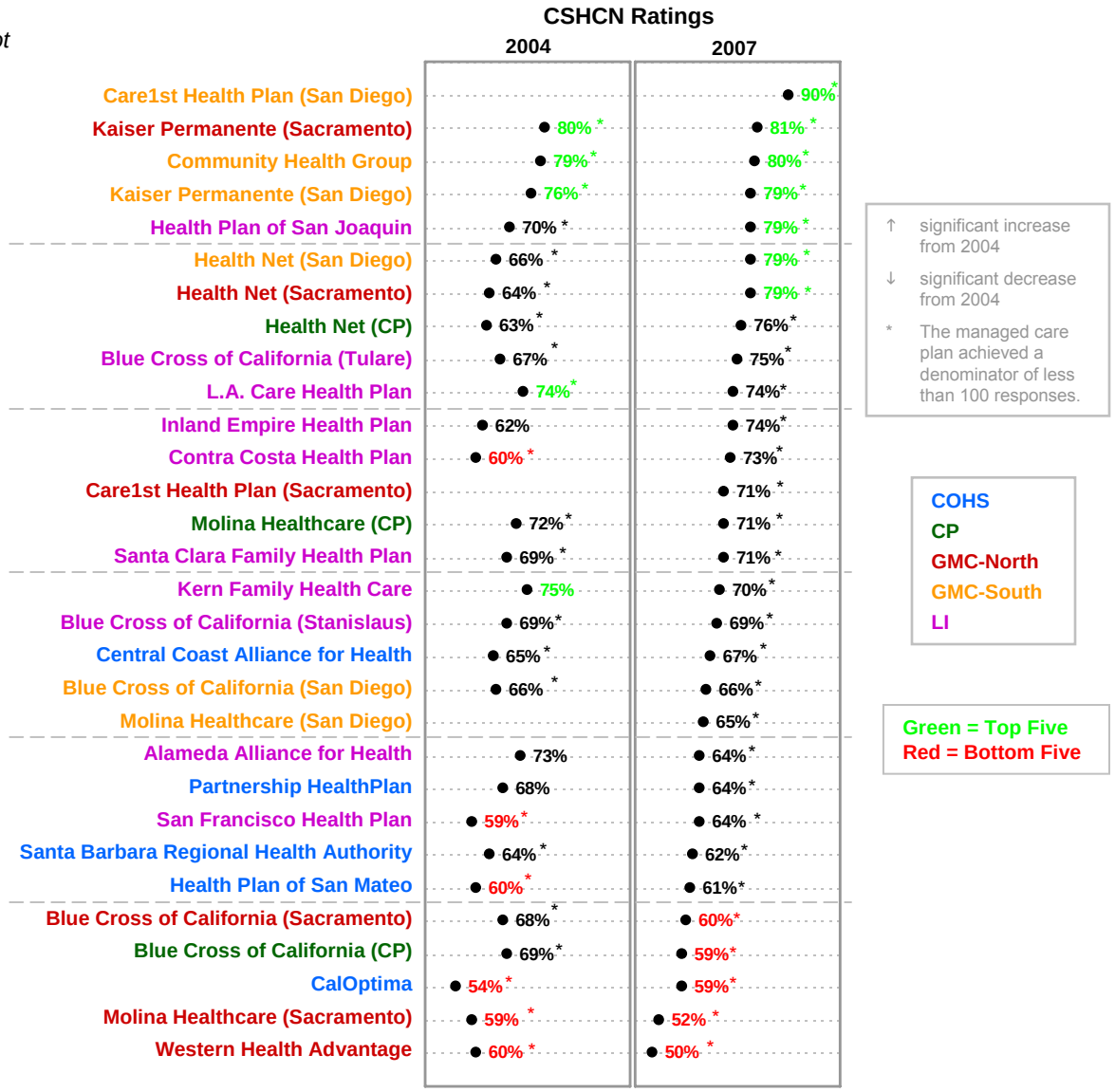
Customer Service is a composite category of two questions regarding whether it was a big problem, a small problem or not a problem to get information they needed in written materials from their health plan or on the Internet and to get help from customer service.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

Customer Service *(Percent rated "Not a Problem")*

Customer Service is a composite category of two questions regarding whether it was a big problem, a small problem or not a problem to get information they needed in written materials from their health plan or on the Internet and to get help from customer service.



Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

5. SUPPLEMENTAL QUESTIONS BY MEDI-CAL MANAGED CARE CONTRACTED PLAN

a) SELECTED PROPORTIONS AS PERCENTAGES – CALCULATION METHOD
b) NUMBER OF VISITS DOCTOR DISCUSSED / RECOMMENDED PHYSICAL ACTIVITY / EXERCISE
c) NUMBER OF VISITS DOCTOR DISCUSSED / RECOMMENDED WEIGHT LOSS
d) ENGAGE IN PHYSICAL ACTIVITY OR EXERCISE

Select Proportions as Percentages

The data presented in this section represent the proportion of each contracted plan's total responses that were attributed to a particular response for each question asked and each proportion converted to a percentage. DHCS chose supplemental questions related to obesity.

Calculation Method:

The response percentage is calculated using the following formula.

$$(X/N) \times 100\% = P$$

Where: X equals the number of member responses in the selected response category

N equals the number of member responses (n size)

Note: Missing responses are not included in this calculation.

Statistically Significant Differences:

All statistically significant differences were calculated at the 95% confidence level using the following formula.

$$\frac{(P_1 - P_2)}{\sqrt{\left(\frac{(P_1 \times (1 - P_1)}{n_1}\right) + \left(\frac{(P_2 \times (1 - P_2)}{n_2}\right)}}$$

Where: P1 – First percentage

n1 – First n size

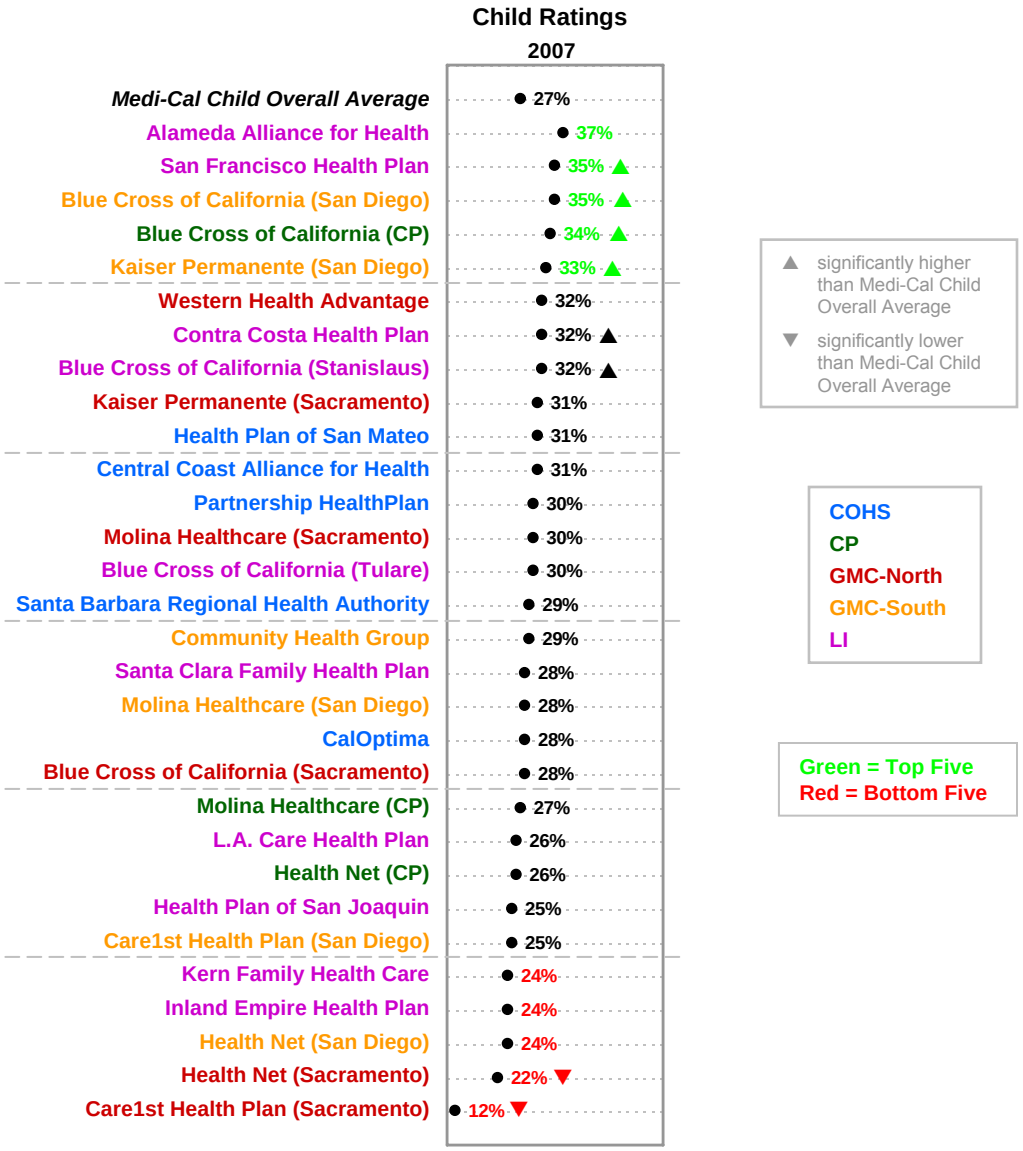
P2 – Second percentage

n2 – Second n size

b) Number of Visits Doctor Discussed/Recommended Physical Activity/Exercise

(Percent responding 1 or More Visits)

Parents/Guardians were asked within the last six months, how many visits their child's doctor or health provider recommended or discussed physical activity or exercise.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

b) Number of Visits Doctor Discussed/Recommended Physical Activity/Exercise

(Percent responding 1 or More Visits)

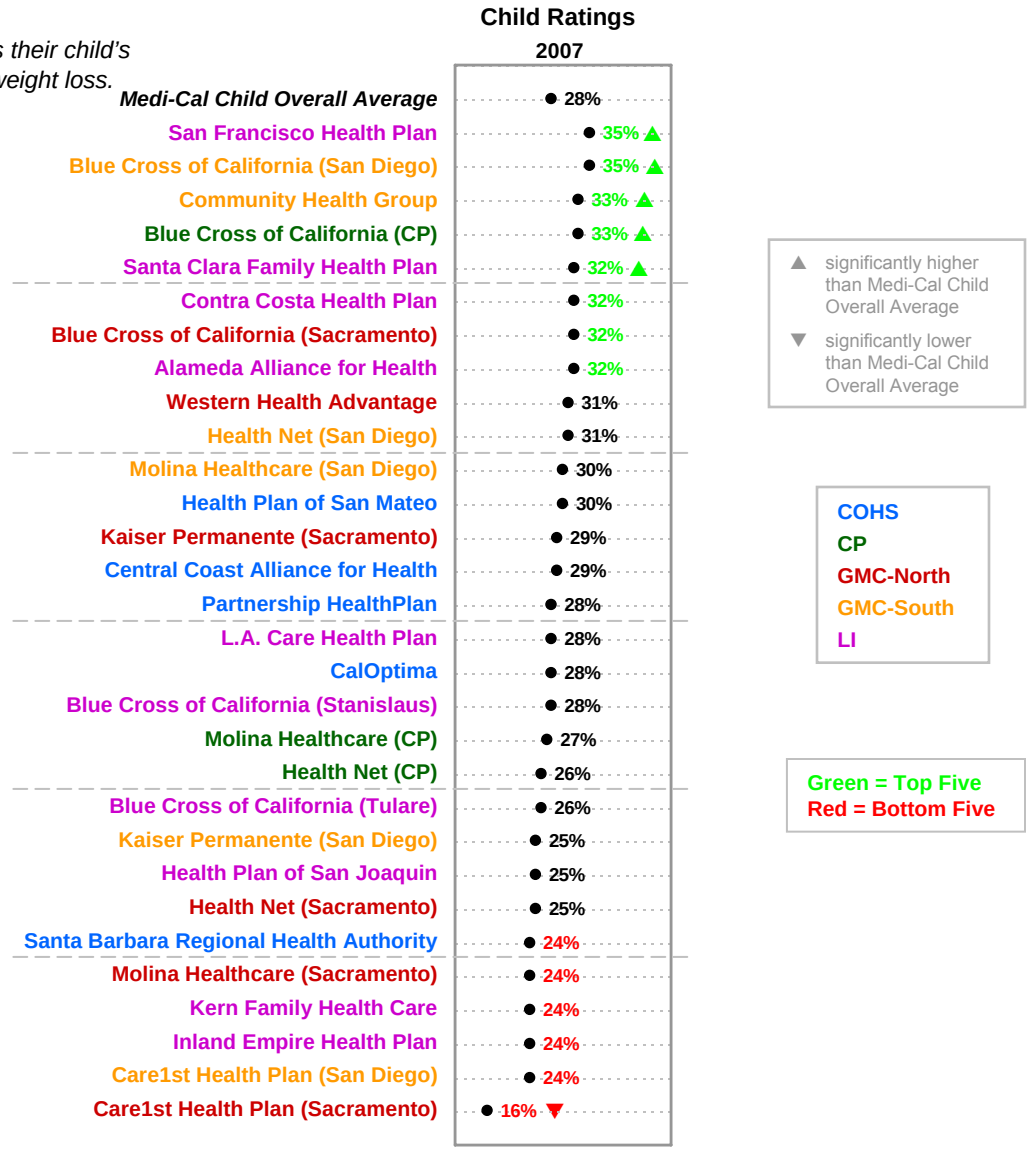
Parents/Guardians were asked within the last six months, how many visits their child's doctor or health provider recommended or discussed physical activity or exercise.

Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

c) Number of Visits Doctor Discussed/Recommended Weight Loss

(Percent responding 1 or More Visits)

Parents/Guardians were asked within the last six months, how many visits their child's doctor or health provider discussed their child's weight or recommended weight loss.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

c) Number of Visits Doctor Discussed/Recommended Weight Loss

(Percent responding 1 or More Visits)

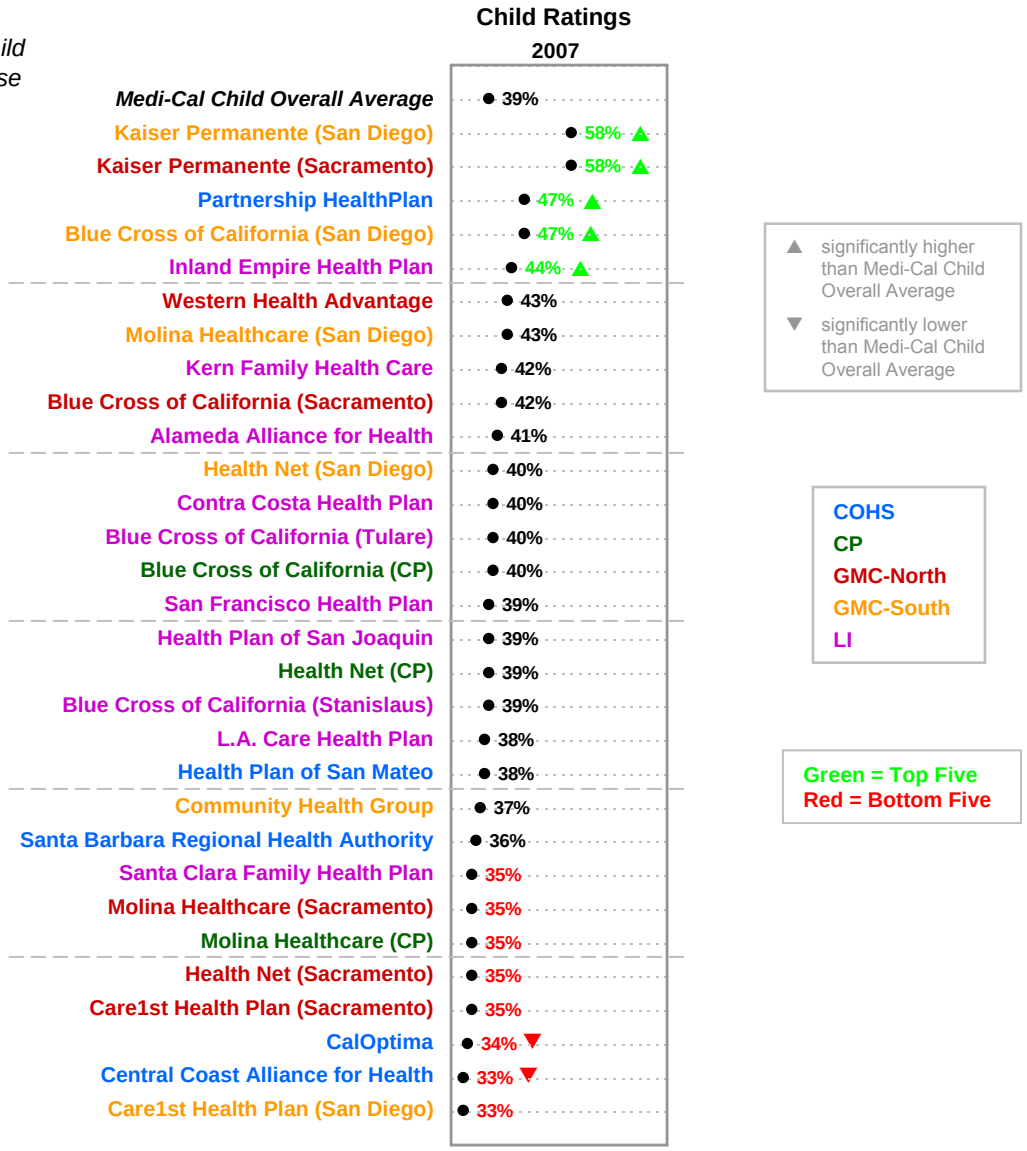
Parents/Guardians were asked within the last six months, how many visits their child's doctor or health provider discussed their child's weight or recommended weight loss.

Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

d) Engage in Physical Activity or Exercise

(Percent rated "Always")

Parents/Guardians were asked within the last six months, whether their child never, sometimes, usually or always engages in physical activity or exercise that averages 30 minutes per day.



Note: The Medi-Cal Child Overall Average was calculated from the ratings of all 30 Medi-Cal managed care contracted plans operating in California and was weighted by plan enrollment. For purposes of brevity, the term "child members" refers to the general population of randomly selected child members (Sample A) prior to oversampling for children with diagnoses indicative of a probable chronic condition.

d) Engage in Physical Activity or Exercise

(Percent rated "Always")

Parents/Guardians were asked within the last six months, whether their child never, sometimes, usually or always engages in physical activity or exercise that averages 30 minutes per day.

Note: A Medi-Cal Managed Care Overall Average was not calculated for CSHCN members because this segment was identified based on their responses to the questions pertaining to children with special health care needs. The term "CSHCN" refers to all child members surveyed who met the criteria for Children with Special Health Care Needs.

V. RECOMMENDATIONS

Review aggregate CAHPS® results with contracted health plans.

DHCS should review CAHPS® results with contracted health plans collectively, focusing particularly on those questions and composites where the aggregate results were poor. In the Adult CAHPS® survey there are no composite areas illustrating high performance among members, and in the Child CAHPS® survey parents/guardians were less positive about their experiences in three of the five composites. Medi-Cal contracted health plans did not perform well in the area of access in either the Child CAHPS® or Adult CAHPS® surveys at either the plan or provider levels. Specific problems expressed by survey respondents included: the inability to see a specialist when needed, the inability to schedule appointments when member's wanted them, and difficulty receiving information or help from customer service. DHCS staff should assess the contracted health plans' response to issues identified in the CAHPS® survey and use the information gained from this dialogue, particularly discussion of barriers to achievement that negatively impacted CAHPS® results, to stay informed on a timely basis of trends and barriers to the provision of quality care to Medi-Cal Managed Care recipients. The DHCS QI Workgroup, which meets quarterly and includes representation of key DHCS and health plan staff, appears to be the ideal forum to begin this follow-up effort.

Convene individual meetings with contracted health plans who achieved poor results on the Child CAHPS® and Adult CAHPS® surveys.

DHCS should meet individually with representatives from contracted health plans identified as performing in the bottom five on the Child CAHPS® and Adult CAHPS® surveys. In most cases, the same plans performed poorly on both surveys, which should be a major cause for concern at DHCS. Based on the survey results, it appears that these health plans have problems relating to their members and that opportunities for improvement exists. DHCS should discuss the survey findings with these health plans and work with them to analyze the causes and barriers of their poor performance and to identify interventions that can be implemented to improve results. Teleconferences, such as those previously held by DHCS, may be the preferred mechanism to conduct these sessions.

Review and assess current primary care access standards.

DHCS and the Medi-Cal Managed Care contracted health plans should review and assess the appropriateness of current standards in the area of primary care access, which is identified as an issue in the Child CAHPS® results. Specific standards that should be analyzed include those for accessing and selecting a PCP, scheduling appointments, requests and approvals for care made by providers. Relative to the 2007 CAHPS® survey, the analysis could include a review of the CAHPS® results related to provider access compared to the results for the contracted health plans found in the 2007 HEDIS® Aggregate Report for the Access and Availability Domain measures. If the health plans' standards are deemed appropriate, DHCS should request that contracted health plans provide evidence that they are monitoring their performance against the required access standards on a regular basis. DHCS should further request that if contracted health plans are not meeting minimum access standards that the health plans have a corrective action plan in place to address this deficiency.

Review and assess access specialist care provider access standards.

DHCS and Medi-Cal Managed Care contracted health plans should review and assess the appropriateness of current standards in the area of specialist provider access, which is identified as an issue in both the Child CAHPS® and Adult CAHPS® results. If standards are deemed appropriate, DHCS should request that contracted health plans provide evidence that they are monitoring their performance against required specialist access standards on a regular basis. DHCS should further request that if contracted health plans are not meeting minimum specialist access standards that the health plans have a corrective action plan in place to address this deficiency. DHCS must also ensure that health plans afford persons with special needs the opportunity to have a specialist as their primary care provider in accordance with the Balanced Budget Act (BBA) of 1997. DHCS should ensure that health plans undertake efforts to recruit additional specialists, if it is determined that an inadequate provider network is a cause of specialist access standards not being met.

Review health plan customer service procedures and standards.

DHCS should emphasize the importance of good customer service to Medi-Cal Managed Care contracted health plans, which both the Child CAHPS® and Adult CAHPS® results identified as an issue. In both surveys, members identified problems with health plan customer service, particularly not receiving information or help when needed. DHCS and the contracted health plans should determine possible factors that impact members' perception of customer service, such as ethnicity, language, and other demographic issues. Opportunities for procedural enhancements and staff training should also be explored to ensure that members' experiences with a health plan meets their expectations.

VI. APPENDIX

A. RECOMMENDED WEB SITES
B. SURVEY SAMPLES
C. CALIFORNIA'S CAHPS RESULTS CALCULATION METHODS

Recommended Web Sites

VI. A.

- http://www.ncqa.org

  This Web site gives an provides a variety of information relating to the National Committee for Quality Assurance (NCQA).

- http://www.cahps.ahrq.gov

  This Web site gives an extensive overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program as well as provides information regarding the National CAHPS Benchmarking Database.

- https://www.cahps.ahrq.gov/content/ncbd/Chartbook/2007_CAHPS_HealthPlanChartbook.pdf

  This Web site gives access to the National CAHPS Benchmarking Database's 2007 Health Plan Chartbook.

1. Adult (4.0H CAHPS)

California Department of Health Services
Medi-Cal Managed Care Health Plans

2007 SURVEY

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

You may notice a number on the back 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 1-800-593-1102, ext. 115CAE

SURVEY INSTRUCTIONS

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

☒ Yes ➔ Go to **Question 1**

☐ No

1. Adult (4.0H CAHPS)

CAHPS® 4.0H Adult Medicaid Questionnaire **2007 Survey**

1. Our records show that you are now in Alameda Alliance for Health. Is that right?

   ☐ Yes ➔ Go to **Question 3**
   ☐ No

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

   _____

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

   ☐ Yes
   ☐ No ➔ Go to **Question 5**

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you thought you needed?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

5. In the last 6 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?

   ☐ Yes
   ☐ No ➔ Go to **Question 7**

6. In the last 6 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

   ☐ None ➔ Go to **Question 12a**
   ☐ 1
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5 to 9
   ☐ 10 or more

8. In the last 6 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

9. Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 6 months, did a doctor or other health provider tell you there was more than one choice for your treatment or health care?

   ☐ Yes
   ☐ No ➔ Go to **Question 12**

10. In the last 6 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?

- ☐ Definitely yes
- ☐ Somewhat yes
- ☐ Somewhat no
- ☐ Definitely no

11. In the last 6 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?

- ☐ Definitely yes
- ☐ Somewhat yes
- ☐ Somewhat no
- ☐ Definitely no

12. 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 health care in the last 6 months?

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

12a. In the last 6 months, how many times did you go to an emergency room to get care for yourself?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

YOUR PERSONAL DOCTOR

13. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- ☐ Yes
- ☐ No ➔ Go to **Question 22**

14. In the last 6 months, how many times did you visit your personal doctor to get care for yourself?

- ☐ None ➔ Go to **Question 21**
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

1. Adult (4.0H CAHPS)

16. In the last 6 months, how often did your personal doctor listen carefully to you?
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

17. In the last 6 months, how often did your personal doctor show respect for what you had to say?
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

18. In the last 6 months, how often did your personal doctor spend enough time with you?
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

19. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?
    - ☐ Yes
    - ☐ No ➔ Go to **Question 21**

20. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

21. 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 personal doctor?
    - ☐ 0 Worst personal doctor possible
    - ☐ 1
    - ☐ 2
    - ☐ 3
    - ☐ 4
    - ☐ 5
    - ☐ 6
    - ☐ 7
    - ☐ 8
    - ☐ 9
    - ☐ 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

22. 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 try to make any appointments to see a specialist?
    - ☐ Yes
    - ☐ No ➔ Go to **Question 26**

23. In the last 6 months, how often was it easy to get appointments with specialists?
    - ☐ Never
    - ☐ Sometimes
    - ☐ Usually
    - ☐ Always

Survey Samples (continued)

1. Adult (4.0H CAHPS)

24. How many specialists have you seen in the last 6 months?

- ☐ None ➔ Go to **Question 26**
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

25. We want to know your rating of the specialist you saw 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 Worst specialist possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best specialist possible

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

26. In the last 6 months, did you try to get any kind of care, tests, or treatment through your health plan?

- ☐ Yes
- ☐ No ➔ Go to **Question 28**

27. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?

- ☐ Yes
- ☐ No ➔ Go to **Question 30**

29. In the last 6 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

30. In the last 6 months, did you try to get information or help from your health plan's customer service?

- ☐ Yes
- ☐ No ➔ Go to **Question 33**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Survey Samples (continued)

1. Adult (4.0H CAHPS)

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

33. In the last 6 months, did your health plan give you any forms to fill out?

- ☐ Yes
- ☐ No ➔ Go to **Question 35**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

35. 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 health plan?

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

ABOUT YOU

36. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

37. Do you now smoke cigarettes every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all ➔ Go to **Question 40a**
- ☐ Don't know ➔ Go to **Question 40a**

38. In the last 6 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 6 months

39. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 6 months

1. Adult (4.0H CAHPS)

40. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 6 months

40a. Do you have an ongoing physical or mental impairment, which limits your functioning, for which you are under a doctor's care?

- ☐ Yes
- ☐ No

41. In the last 6 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- ☐ Yes
- ☐ No ➔ Go to **Question 43**

42. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

- ☐ Yes
- ☐ No

43. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- ☐ Yes
- ☐ No ➔ Go to **Question 45**

44. Is this to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

- ☐ Yes
- ☐ No

45. What is your age?

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

46. Are you male or female?

- ☐ Male
- ☐ Female

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

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

47a. How much do you weigh (in pounds)?

☐☐☐ Pounds *(write in)*

47b. How tall are you without shoes on? [Fill in feet (ft.) and inches (in.) if ½", please round up)

☐ Feet ☐☐ Inches *(write in)*

47c. In the last 6 months, on how many visits did your doctor or health provider discuss your weight or recommend weight loss?

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 6 months

1. Adult (4.0H CAHPS)

47d. In the last 6 months, how often did you engage in physical activity or exercise that averages 30 minutes per day?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

47e. In the last 6 months, on how many visits did your doctor or health provider recommend or discuss physical activity and exercise?

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 6 months

48. Are you of Hispanic or Latino origin or descent?

- ☐ Yes, Hispanic or Latino
- ☐ No, Not Hispanic or Latino

49. What is your race? Please mark one or more.

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

50. Did someone help you complete this survey?

- ☐ Yes ➔ Go to **Question 51**
- ☐ No ➔ **Thank you. Please return the completed survey in the postage-paid envelope.**

51. How did that person help you? Check all that apply.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.

2. Child (3.0H CAHPS)

California Department of Health Services
Medi-Cal Managed Care Health Plans

2007 SURVEY

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

You may notice a number on the back 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 1-800-593-1102, ext. 115CCE

SURVEY INSTRUCTIONS

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

☒ Yes ➔ Go to **Question 1**

☐ No

Survey Samples (continued)

2. Child (3.0H CAHPS)

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 Alameda Alliance for Health. Is that right?

   - ☐ Yes → Go to **Question 3**
   - ☐ No → Go to **Question 2**

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

   _____

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

   - ☐ Less than 6 months
   - ☐ At least 6 months but less than 1 year
   - ☐ At least 1 year but less than 2 years
   - ☐ At least 2 years but less than 5 years
   - ☐ 5 or more years

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

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

4. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

   Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

   - ☐ Yes → Go to **Question 5**
   - ☐ No → Go to **Question 7**

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

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

6. Did your child have the same personal doctor or nurse before he or she joined this health plan?

   - ☐ Yes → Go to **Question 8**
   - ☐ No → Go to **Question 7**

7. Since your child joined his or her health plan, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

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

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

   - ☐ Yes
   - ☐ No

2. Child (3.0H CAHPS)

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

- ☐ Yes → Go to **Question 10**
- ☐ No → Go to **Question 12**

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

GETTING HEALTH CARE FROM A SPECIALIST

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

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

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

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

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

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

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

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

15. We want to know your rating of the specialist your child saw most often in the last 6 months. 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 the specialist?

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

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

- ☐ Yes
- ☐ No

2. Child (4.0H CAHPS)

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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

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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

21. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how long did your child usually have to wait between trying to get care and actually seeing a provider?

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

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

In the last 6 months, not counting the times you needed health care right away, did you make any appointments for your child with a doctor or other health provider for health care?

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

23. In the last 6 months, not counting the times your child needed health care right away, how often did your child get an appointment for health care as soon as you wanted?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

24. In the last 6 months, not counting the times your child needed health care right away, how many days did your child usually have to wait between making an appointment and actually seeing a provider?

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

25. In the last 6 months, how many times did your child go to an emergency room?

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

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

- ☐ None → Go to **Question 52**
- ☐ 1 → Go to **Question 27**
- ☐ 2 → Go to **Question 27**
- ☐ 3 → Go to **Question 27**
- ☐ 4 → Go to **Question 27**
- ☐ 5 to 9 → Go to **Question 27**
- ☐ 10 or more → Go to **Question 27**

27. In the last 6 months, did you or a doctor believe your child needed any care, tests, or treatment?

- ☐ Yes → Go to **Question 28**
- ☐ No → Go to **Question 29**

28. In the last 6 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?

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

29. In the last 6 months, did you need approval from your child's health plan for any care, tests, or treatment?

- ☐ Yes → Go to **Question 30**
- ☐ No → Go to **Question 31**

30. In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?

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

31. In the last 6 months, how often was your child taken to the exam room within 15 minutes of his or her appointment?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

2. Child (3.0H CAHPS)

32. In the last 6 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes → Go to **Question 39**
- ☐ No → Go to **Question 41**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

Survey Samples (continued)

2. Child (3.0H CAHPS)

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes → Go to **Question 43**
- ☐ No → Go to **Question 46**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

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

- ☐ Yes → Go to **Question 47**
- ☐ No → Go to **Question 51**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

2. Child (3.0H CAHPS)

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

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

- ☐ Yes → Go to **Question 53**
- ☐ No → Go to **Question 55**

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

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

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

- ☐ Yes
- ☐ No

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

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

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

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes → Go to **Question 58**
- ☐ No → Go to **Question 59**

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

59. Is your child 2 years old or younger?

- ☐ Yes → Go to **Question 60**
- ☐ No → Go to **Question 63**

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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes → Go to **Question 62**
- ☐ No → Go to **Question 63**

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

- ☐ Yes
- ☐ No

SPECIALIZED SERVICES

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

- ☐ Yes → Go to **Question 64**
- ☐ No → Go to **Question 66**

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

- ☐ A big problem → Go to **Question 65**
- ☐ A small problem → Go to **Question 65**
- ☐ Not a problem → Go to **Question 66**

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

- ☐ Yes
- ☐ No

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

- ☐ Yes → Go to **Question 67**
- ☐ No → Go to **Question 69**

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

- ☐ A big problem → Go to **Question 68**
- ☐ A small problem → Go to **Question 68**
- ☐ Not a problem → Go to **Question 69**

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

- ☐ Yes
- ☐ No

2. Child (3.0H CAHPS)

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

- ☐ Yes → Go to **Question 70**
- ☐ No → Go to **Question 72**

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

- ☐ A big problem → Go to **Question 71**
- ☐ A small problem → Go to **Question 71**
- ☐ Not a problem → Go to **Question 72**

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

- ☐ Yes
- ☐ No

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

- ☐ Yes → Go to **Question 73**
- ☐ No → Go to **Question 74**

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

- ☐ Yes
- ☐ No

YOUR CHILD'S HEALTH PLAN

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

74. Some states pay health plans to care for people covered by Alameda Alliance for Health. With these health plans, you may have to choose your child's doctor from the health plan list or take your child to a clinic or health care center on the plan list.

Is your child covered by a health plan like this?

- ☐ Yes → Go to **Question 75**
- ☐ No → Go to **Question 78**

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

- ☐ I chose my child's plan
- ☐ I was told which plan my child was in

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

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

- ☐ Yes → Go to **Question 77**
- ☐ No → Go to **Question 78**

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

- ☐ All of it
- ☐ Most of it
- ☐ Some of it
- ☐ None of it

78. In the last 6 months, did you look for any information about how your child's health plan works in written materials or on the Internet?

- ☐ Yes → Go to **Question 79**
- ☐ No → Go to **Question 80**

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

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

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

- ☐ Yes → Go to **Question 81**
- ☐ No → Go to **Question 82**

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

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

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

- ☐ Yes → Go to **Question 83**
- ☐ No → Go to **Question 86**

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

- ☐ Same day → Go to **Question 84**
- ☐ 2-7 days → Go to **Question 84**
- ☐ 8-14 days → Go to **Question 84**
- ☐ 15-21 days → Go to **Question 84**
- ☐ More than 21 days → Go to **Question 84**
- ☐ I am still waiting for it to be settled → Go to **Question 85**

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

- ☐ Yes → Go to **Question 86**
- ☐ No → Go to **Question 86**

85. How long have you been waiting for your child's health plan to resolve your complaint?

- ☐ 1-7 days
- ☐ 8-14 days
- ☐ 15-21 days
- ☐ More than 21 days

86. In the last 6 months, did you have to fill out any paperwork for your child's health plan?

- ☐ Yes → Go to **Question 87**
- ☐ No → Go to **Question 88**

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

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

2. Child (3.0H CAHPS)

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

PRESCRIPTION MEDICINES

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

- ☐ Yes → Go to **Question 90**
- ☐ No → Go to **Question 92**

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

- ☐ A big problem → Go to **Question 91**
- ☐ A small problem → Go to **Question 91**
- ☐ Not a problem → Go to **Question 92**

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

- ☐ Yes
- ☐ No

ABOUT YOUR CHILD AND YOU

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

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

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

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

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

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

- ☐ Yes
- ☐ No

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

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

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

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

Survey Samples (continued)

2. Child (3.0H CAHPS)

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

- ☐ Yes
- ☐ No

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

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

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

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

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

- ☐ Yes
- ☐ No

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

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

96a. Is this because of any medical, behavioral or other health condition?

- ☐ Yes → Go to **Question 96b**
- ☐ No → Go to **Question 97**

96b. Is this a condition that has lasted or is expected to last for at least 12 months?

- ☐ Yes
- ☐ No

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

- ☐ Yes → Go to **Question 97a**
- ☐ No → Go to **Question 98**

97a. Has this problem lasted or is it expected to last for at least 12 months?

- ☐ Yes
- ☐ No

98. What is your child's age now?

- ☐ Less than 1 year old
- ☐☐ Years old *(write in)*

99. Is your child male or female?

- ☐ Male
- ☐ Female

99a. How much does your child weigh (in pounds)?

☐☐☐ Pounds *(write in)*

99b. How tall is your child without shoes on? [Fill in feet (ft.) and inches (in.)]
(If ½", please round up)

☐ Feet ☐☐ Inches *(write in)*

99c. In the last 6 months, on how many visits did your child's doctor or health provider discuss your child's weight or recommend weight loss?

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 6 months

2. Child (3.0H CAHPS)

99d. In the last 6 months, how often did your child engage in physical activity or exercise that averages 30 minutes per day?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

99e. In the last 6 months, on how many visits did your child's doctor or health provider recommend or discuss physical activity and exercise?

- ☐ None
- ☐ 1 visit
- ☐ 2 to 4 visits
- ☐ 5 to 9 visits
- ☐ 10 or more visits
- ☐ I had no visits in the last 6 months

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

- ☐ Yes, Hispanic or Latino
- ☐ No, Not Hispanic or Latino

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

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

102. What is your age now?

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

103. Are you male or female?

- ☐ Male
- ☐ Female

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

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

105. What language do you mainly speak at home?

- ☐ English
- ☐ Spanish
- ☐ Some other language

_____

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

- ☐ English
- ☐ Spanish
- ☐ Some other language

_____

2. Child (3.0H CAHPS)

107. How are you related to the child?

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

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

- ☐ Yes
- ☐ No

109. Did someone help you complete this survey?

- ☐ Yes → **Go to Question 110**
- ☐ No → **Please return the survey in the postage-paid envelope**

110. How did that person help you? Check all that apply.

- ☐ Read the questions to me
- ☐ Wrote down the answers I gave
- ☐ Answered the questions for me
- ☐ Translated the questions into my language
- ☐ Helped in some other way

_____

THANK YOU

Please return the completed survey in the postage paid envelope.

TABLE A This table shows the calculation methods used in California to arrive at the CAHPS results published in this 2007 CAHPS Aggregate Report. For future CAHPS surveys, California is likely to adopt National Committee for Quality Assurance (NCQA) calculation methods, which are also shown in Table A.

RESULT TYPES	CALCULATION METHODS	
ADULT or CHILD	CALIFORNIA	NCQA
Overall Ratings (model or plan)	**Average Response by Survey Question** 1) Calculate the average response (0 to 10) for each survey question. 2) The result is a number between 0 and 10.	**Rating Mean** 1) For each survey question, recode each member response (0 to 10) to a score value of 1, 2, or 3 using Table B, below. 2) Calculate the mean (average) score of all responses for each survey question. 3) The result is a number between 1 and 3.
Composite Results (model or plan)	**Composite Best-Response Category Proportion as a Percentage** 1) Calculate the proportion of total responses attributed to the most positive response category (not a problem, always, definitely yes) for each composite of questions. 2) Multiply each composite's best-response proportion with 100% to convert the proportion to a percentage. 3) The result is a single percentage between 0% and 100% representing the entire composite.	**Composite Mean** 1) Recode each member response to a score value of 1, 2, or 3 using Table B. 2) For each survey question in a composite, calculate the mean of the score values. 3) Calculate the mean of the question means. This is the Composite Mean. 4) The result is a number between 1 and 3. **Composite Global Proportions** 1) For each survey question, calculate the proportion of total responses attributed to each response category. 2) For these calculations, combine "never" and "sometimes" as well as "definitely no" and "somewhat no" responses into one response category. 3) Calculate the average proportion selecting each response choice across all the questions in the composite. These are the Composite Global Proportions. 4) The result is a collection of numbers between 0 and 1, each representing a response category of the composite.
Supplemental Questions (model or plan)	**Selected Response Category Proportion as a Percentage** 1) Calculate the proportion of total responses attributed to a selected response category for each supplemental question. 2) Multiply each question's selected response-category proportion with 100%. 3) The result is between 0% and 100%.	**N/A –** NCQA does not expressly describe calculating results for supplemental questions in their specifications, but would likely calculate results in a manner similar to the methods described above for Rating Mean.
Top 5 & Bottom 5 Performers (by plan only)	**Best Response Proportion Comparisons** 1) Compare plans by their best-response category proportions for survey questions or composites. 2) Consider plans with 80 percent or more of total responses attributed to the best response category as high performers.	**N/A –** NCQA does not expressly describe calculating the "Top Five and Bottom Five Performers" in their specifications, but would likely compare plans by taking the mean of the Rating Means across all questions in the survey for each plan, ranking the results, and identifying the top five and bottom five plans from the ranked list.

TABLE B

NCQA SCORING							
Response Categories	**Score Values**	**Response Categories**	**Score Values**	**Response Categories**	**Score Values**	**Response Categories**	**Score Values**
		Never	1	Definitely No	1		
Big Problem	1	Sometimes	1	Somewhat No	1	0 through 6	1
Small Problem	2	Usually	2	Somewhat Yes	2	7 or 8	2
Not a Problem	3	Always	3	Definitely Yes	3	9 or 10	3