

# 2019 CAHPS Medicaid Managed Care Survey *Summary Report*

Managed Care Quality and Monitoring Division  
California Department of Health Care Services

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## Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

**AHRQ**—Agency for Healthcare Research and Quality.

**CAHPS**<sup>®</sup>—Consumer Assessment of Healthcare Providers and Systems.<sup>1</sup>

**CATI**—Computer Assisted Telephone Interviewing.

**CMS**—Centers for Medicare & Medicaid Services.

**DHCS**—California Department of Health Care Services.

**EQR**—external quality review.

**EQRO**—external quality review organization.

**HEDIS**<sup>®</sup>—Healthcare Effectiveness Data and Information Set.<sup>2</sup>

**HSAG**—Health Services Advisory Group, Inc.

**MCMC**—Medi-Cal Managed Care.

**MCP**—Medi-Cal managed care health plan.

**NCOA**—National Change of Address.

**NCQA**—National Committee for Quality Assurance.

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

<sup>2</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

## 1. Executive Summary

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care plans, measure and report on performance to assess the quality and appropriateness of care and services provided to beneficiaries. The California Department of Health Care Services (DHCS) periodically assesses the perceptions and experiences of Medi-Cal Managed Care (MCMC) beneficiaries as part of its process for evaluating the quality of health care services provided by Medi-Cal managed care health plans (MCPs) to MCMC beneficiaries.

DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey.<sup>1-1</sup> The administration of the CAHPS Survey is an optional Medicaid external quality review (EQR) activity to assess managed care beneficiaries' experience with their health care services. The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and will aid in improving overall beneficiary experience. DHCS required that CAHPS Surveys be administered to both adult beneficiaries and parents or caretakers of child beneficiaries.

This report presents the 2019 CAHPS results from adult beneficiaries and parents or caretakers of child beneficiaries enrolled in an MCP who completed surveys from February to May 2019, which represent beneficiaries' experiences with care and services over the prior six months. The standardized survey instruments selected were the CAHPS 5.0 Adult and Child Medicaid Health Plan Surveys with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set.<sup>1-2</sup> Table 1.1 provides a list of the 25 MCPs that participated in the survey.<sup>1-3</sup>

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

<sup>1-2</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

<sup>1-3</sup> HSAG refers to Kaiser NorCal and Kaiser SoCal as two separate MCPs in this report; however, DHCS only holds one contract with Kaiser (KP Cal, LLC).

**Table 1.1—Participating MCPs**

<b>MCP Names</b>	
Aetna Better Health of California (Aetna)	Health Plan of San Joaquin (HPSJ)
Alameda Alliance for Health (AAH)	Health Plan of San Mateo (HPSM)
Anthem Blue Cross Partnership Plan (Anthem)	Inland Empire Health Plan (IEHP)
Blue Shield of California Promise Health Plan (Blue Shield Promise) (Known as Care1st Health Plan prior to January 1, 2019)	Kern Health Systems (KFHC)
California Health & Wellness Plan (CHW)	KP Cal, LLC Kaiser NorCal (Kaiser NorCal)
CalOptima	KP Cal, LLC Kaiser SoCal (Kaiser SoCal)
CalViva Health (CalViva)	L.A. Care Health Plan (L.A. Care)
CenCal Health (CenCal)	Molina Healthcare of California Partner Plan, Inc. (Molina)
Central California Alliance for Health (CCAH)	Partnership HealthPlan of California (Partnership)
Community Health Group Partnership Plan (CHG)	San Francisco Health Plan (SFHP)
Contra Costa Health Plan (CCHP)	Santa Clara Family Health Plan (SCFHP)
Gold Coast Health Plan (Gold Coast)	United Healthcare Community Plan (UHC)
Health Net Community Solutions, Inc. (Health Net)	

## Performance Highlights

Sample sizes for the 2019 CAHPS Survey were established with the following goals:

1. Obtain 411 completed surveys at the MCP level.
2. Obtain 100 completed surveys at the reporting unit level.

While the sample sizes were determined based on these goals, a number of measures at the reporting unit level and MCP level had fewer than 100 responses. According to NCQA HEDIS Specifications for Survey Measures, if a measure has fewer than 100 responses, the measure

is not reportable.<sup>1-4</sup> NCQA HEDIS Specifications for Survey Measures recommends targeting 411 completed surveys to meet the following statistical parameters: 1) confidence intervals with a margin of error under 5 percent at the 95 percent confidence level, and 2) statistical power of at least 80 percent in detecting differences of 10 percentage points.<sup>1-5</sup> Based on the sample sizes, it would be expected that a number of reporting units would not have reached 411 completed surveys; therefore, caution should be taken when interpreting the reporting unit level results.

HSAG calculated State weighted rates for the adult and child Medicaid populations. Overall, the differences between the State weighted rates and the National Medicaid averages ranged from -8.0 percentage points to -1.8 percentage points, with an average of -4.1 percentage points for the adult population and from -6.7 to -0.8 percentage points, with an average of -3.5 percentage points for the child population. Differences in scores should be evaluated from a clinical perspective. While the State weighted rate results may be higher or lower than the national average, differences in scores may not be important from a clinical point of view.

In addition, HSAG conducted State Comparisons analyses to facilitate comparisons of the MCPs' performance to national averages. HSAG did not have access to the 95 percent confidence intervals of the national averages; therefore, HSAG could only compare each MCP's 95 percent confidence interval to the national average (and not the national 95 percent confidence interval). Caution should be taken when interpreting these results.

Kaiser SoCal showed the greatest level of performance by scoring significantly above the 2018 NCQA Medicaid national averages for the following reportable measures:

- ◆ Rating of Health Plan (adult and child populations)
- ◆ Rating of All Health Care (adult and child populations)
- ◆ Rating of Personal Doctor (adult and child populations)
- ◆ Rating of Specialist Seen Most Often (adult population only)
- ◆ How Well Doctors Communicate (child population only)

Also, Kaiser NorCal scored significantly above the 2018 NCQA child Medicaid national averages for the following four reportable measures for the child population:

- ◆ Rating of Health Plan
- ◆ Rating of All Health Care
- ◆ Getting Care Quickly
- ◆ How Well Doctors Communicate

<sup>1-4</sup> National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

<sup>1-5</sup> *ibid.*



CalViva showed the greatest opportunity for improvement, demonstrating significantly lower performance than the 2018 NCQA Medicaid national averages for the following reportable measures:

- ◆ Rating of All Health Care (adult and child populations)
- ◆ Rating of Personal Doctor (adult and child populations)
- ◆ Rating of Specialist Seen Most Often (adult population only)
- ◆ Getting Needed Care (adult and child populations)
- ◆ Getting Care Quickly (adult and child populations)
- ◆ How Well Doctors Communicate (adult and child populations)

Anthem received significantly lower scores than the 2018 NCQA Medicaid national averages for the following reportable measures:

- ◆ Rating of Health Plan (adult and child populations)
- ◆ Rating of All Health Care (adult population only)
- ◆ Rating of Personal Doctor (adult population only)
- ◆ Getting Needed Care (adult and child populations)
- ◆ Getting Care Quickly (adult and child populations)
- ◆ How Well Doctors Communicate

L.A. Care received significantly lower scores than the 2018 NCQA child Medicaid national averages for the following five reportable measures for the child population:

- ◆ Rating of Health Plan
- ◆ Rating of Personal Doctor
- ◆ Getting Needed Care
- ◆ Getting Care Quickly
- ◆ How Well Doctors Communicate

DHCS demonstrates a commitment to monitor and improve beneficiaries' experience through the administration of the CAHPS Survey. The CAHPS Survey plays an important role as a quality improvement tool for MCPs. The standardized data and results can be used to identify relative strengths and weaknesses in performance, identify areas for improvement, and trend progress over time.

Based on 2019 CAHPS performance, MCPs have opportunities to improve beneficiaries' experience with care and services. MCPs have the greatest opportunities for improvement on the **Getting Care Quickly**, **Getting Needed Care**, and **How Well Doctors Communicate** measures. Low performance in these areas may point to issues with access to and timeliness of care, as well as communication from providers to members.

## Considerations

Based on the 2019 CAHPS results and HSAG's comparison of the 2019 results to previous years, HSAG has a new consideration for DHCS to help increase response rates. HSAG suggests that DHCS work with the MCPs to determine the causes for the incomplete and inaccurate contact information for adult and child beneficiaries and determine the actions needed to improve the completeness and accuracy of these data. Improving the completeness and accuracy of the contact information may decrease the number of undeliverable surveys and increase the response rates.

## Sampling Procedures

Beneficiaries eligible for sampling included those who were MCP beneficiaries at the time the sample was drawn and who were continuously enrolled in the MCP for at least five of the last six months of 2018 (July through December) with no more than a 45-day gap in enrollment. Adult beneficiaries eligible for sampling included those who were 18 years of age or older (as of December 31, 2018). Child beneficiaries eligible for sampling included those who were 17 years of age or younger (as of December 31, 2018).

For the adult and child Medicaid managed care populations, HSAG selected a systematic sample of Medicaid beneficiaries from each of the MCPs for surveying. A minimum of 1,350 adult Medicaid beneficiaries and 1,650 child Medicaid beneficiaries were selected from each of the participating MCPs (i.e., MCP-level sample). Additionally, HSAG conducted a general oversample and targeted reporting unit oversample of the adult and child Medicaid populations, where appropriate, to accommodate MCP-level and reporting unit-level reporting, respectively. Based on this sampling approach, for the 2019 CAHPS survey administration, HSAG administered the CAHPS surveys to 62,154 adult beneficiaries and 51,803 parents or caretakers of child beneficiaries.

## Survey Administration

HSAG designed the survey administration protocol to achieve a high response rate from beneficiaries, thus minimizing the potential effects of non-response bias. The survey process allowed beneficiaries two methods by which they could complete the surveys. The first, or mail phase, consisted of an English or Spanish survey being mailed to the sampled beneficiaries. All non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of conducting Computer Assisted Telephone Interviewing (CATI) of sampled beneficiaries who had not mailed in a completed survey. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 4-1.

## **CAHPS Results**

CAHPS experience measures are derived from individual questions that ask for a general rating, as well as groups of questions that form composite measures. Results presented in this report include four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. Five composite measures are also reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

In this report, HSAG presents State weighted, MCP-level, and reporting unit-level results, and includes national adult and child Medicaid data. HSAG compared the MCP-level results to national adult and child Medicaid data.

## Survey Overview

Every three years, HSAG has assisted DHCS with administering the adult and child Medicaid CAHPS surveys for MCPs through the optional Medicaid EQR activity (i.e., CAHPS survey administration). DHCS required that CAHPS surveys be administered to both adult beneficiaries and parents or caretakers of child beneficiaries to assess managed care beneficiaries' experience with their health care services. For the 2019 survey administration, DHCS selected the CAHPS 5.0 Adult Medicaid Health Plan Survey with the HEDIS supplemental item set and the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set.

The CAHPS Health Plan Surveys are a set of standardized surveys that assess beneficiary perspectives on care. HSAG strictly adhered to NCQA's specifications and guidance for administration of the CAHPS surveys. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting health plan data across years and among survey users.

The standardized data obtained from the CAHPS surveys play an important role as a quality improvement tool by providing the ability to identify relative strengths and weaknesses in performance, determine where improvement is most needed, and track progress over time.<sup>3-1</sup> The areas of quality that the CAHPS surveys focus on are important to the beneficiaries who are best qualified to assess them. The CAHPS 5.0 Adult Medicaid and Child Medicaid Health Plan Survey with the HEDIS supplemental item set includes 53 and 48 core questions, respectively, that yield several measures of beneficiary experience of care. These measures include four global rating questions and five composite measures. The global measures (also referred to as global ratings) reflect overall beneficiary experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., "Getting Needed Care" or "Getting Care Quickly").

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<sup>3-1</sup> AHRQ Health Care Innovations Exchange Web site. Available at: *Improving Patient Experience*. <https://www.ahrq.gov/cahps/quality-improvement/index.html>. Accessed on: June 28, 2019.

## How DHCS Uses Beneficiary Experience Results

The overall goal of DHCS is to preserve and improve the health status of all Californians. Since MCMC serves some of California's most vulnerable populations, the need to evaluate and monitor the quality of and access to health care, including beneficiary experience, has remained a key objective for DHCS in meeting its overarching goal.

One strategy established to evaluate and monitor the quality of health care is administration of the CAHPS surveys. DHCS shares MCP-specific and aggregate CAHPS results with MCPs and publicly releases the *CAHPS Summary Report* on its website as a reliable and supportive tool to assist MCMC beneficiaries and other stakeholders in making informed decisions, including the selection of MCPs with the highest quality and to incentivize improved performance among MCPs. DHCS also incorporates CAHPS results into its consumer guides for new enrollees and uses the data as part of its annual performance assessment of MCPs and MCMC as a whole.

**4. Reader's Guide**

**CAHPS Performance Measures**

Table 4.1 lists the global ratings and composite measures included in the CAHPS 5.0 Adult Medicaid and Child Medicaid Health Plan Surveys with the HEDIS supplemental item set.

**Table 4.1—CAHPS Measures**

Global Ratings	Composite Measures
Rating of Health Plan	Getting Needed Care
Rating of All Health Care	Getting Care Quickly
Rating of Personal Doctor	How Well Doctors Communicate
Rating of Specialist Seen Most Often	Customer Service
	Shared Decision Making

**How CAHPS Results Were Collected**

***Sampling Procedures***

The beneficiaries eligible for sampling included those who were MCMC beneficiaries at the time HSAG drew the sample and who were continuously enrolled in the same MCP for at least five of the last six months of 2018 (July through December) with no more than a 45-day gap in enrollment. The adult beneficiaries eligible for sampling included those who were 18 years of age or older, and the child beneficiaries eligible for sampling included those who were 17 years of age or younger (as of December 31, 2018). DHCS provided HSAG with a CAHPS sample frame for each MCP from which HSAG selected the adult and child samples. Additionally, HSAG conducted a general oversample and county- or region-level oversample, where appropriate, in order to accommodate MCP-level and reporting unit-level reporting, respectively. HSAG selected a systematic sample of at least 1,350 eligible adult beneficiaries and at least 1,650 eligible child beneficiaries from each participating MCP for inclusion in the surveys.

***Survey Protocol***

The survey administration process allowed for two methods by which beneficiaries could complete a survey. The first, or mail phase, consisted of sampled beneficiaries receiving a survey via mail. Beneficiaries who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Beneficiaries who were not identified as Spanish-speaking received an English version of the survey. The cover letter included with the

English version of the survey had a Spanish cover letter on the back side informing beneficiaries that they could call the toll-free number to request a Spanish version of the CAHPS survey. The cover letter provided with the Spanish version of the CAHPS survey had an English cover letter on the back side informing beneficiaries that they could call the toll-free number to request an English version of the CAHPS survey. All non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of conducting CATI of sampled beneficiaries who had not mailed in a completed survey. HSAG attempted up to three CATI calls to each non-respondent. The addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of an MCP's population.<sup>4-1</sup>

DHCS provided HSAG with a list of all eligible beneficiaries for the sampling frames. HSAG sampled beneficiaries who met the following criteria:

- ◆ Were 18 years of age or older as of December 31, 2018 for the adult population.
- ◆ Were 17 years of age or younger as of December 31, 2018 for the child population.
- ◆ Were currently enrolled in MCMC.
- ◆ Had been continuously enrolled in the MCP for at least five of the last six months of 2018.
- ◆ Had Medi-Cal as a payer.

HSAG inspected a sample of the file records from the sampling frame to check for any apparent problems with the files, such as missing address elements. HSAG obtained new addresses for beneficiaries selected for the sample by processing sampled beneficiaries' addresses through the United States Postal Service's National Change of Address (NCOA) system, as available. Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents.

The HEDIS specifications for CAHPS require that the name of the MCP appear in the surveys and letters, that the letters bear the signature of a high-ranking state official, and that the survey packages include a postage-paid reply envelope addressed to the organization conducting the surveys. HSAG followed these specifications.

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<sup>4-1</sup> Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.



Table 4.2 shows the CAHPS timeline used in the administration of the Adult and Child Medicaid Health Plan Surveys.

**Table 4.2—CAHPS Survey Timeline**

Task	Timeline
Send first survey with cover letter to the beneficiary or parent/caretaker of the child beneficiary.	0 days
Send a postcard reminder to non-respondents 7 days after mailing the first survey.	7 days
Send a second survey (and letter) to non-respondents 32 days after mailing the first survey.	32 days
Send a second postcard reminder to non-respondents 7 days after mailing the second survey.	39 days
Initiate CATI for non-respondents 21 days after mailing the second survey.	53 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	53–81 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) 28 days after initiation.	81 days

## How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in HEDIS 2019, Volume 3: Specifications for Survey Measures. Based on NCQA’s recommendations and HSAG’s extensive experience evaluating CAHPS data, HSAG performed several analyses to comprehensively assess beneficiary experience. This section provides an overview of each analysis.

### Who Responded to the Survey

The administration of the CAHPS Surveys is comprehensive and is designed to garner the highest possible response rate. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible beneficiaries in the sample.<sup>4-2</sup> As specified by NCQA, HSAG considered a survey completed if beneficiaries or parents or caretakers of sampled child beneficiaries answered at least three of the following five questions: questions 3, 15, 24,

<sup>4-2</sup> National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

28, and 35 for adult Medicaid and questions 3, 15, 27, 31, and 36 for child Medicaid. Eligible beneficiaries included the entire sample minus ineligible beneficiaries. Ineligible beneficiaries met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated (adult population only), or had a language barrier.

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Sample} - \text{Ineligibles}}$$

## Respondent Analyses

The respondent analyses compared the demographic characteristics of adult and child beneficiaries who completed the survey to the demographic characteristics of adult and child beneficiaries in the sampling frames. The demographic characteristics evaluated as part of the respondent analyses included adult and child beneficiary age, gender, and race/ethnicity.

## State Weighted Rates

The State weighted rates include respondents from the MCP general sample, MCP general oversample, and reporting unit oversample. In this report, HSAG presents the adult and child population results separately for each global rating and composite measure and does not display results with fewer than 100 responses. HSAG developed a weighting methodology in collaboration with DHCS. HSAG took the following steps to calculate the State weighted rates for each measure:

- ◆ Identified the eligible adult and child population sizes for each MCP and reporting unit from the sample frame files
- ◆ Calculated general sample and reporting unit oversample probabilities
- ◆ Used each respondent's general sample or reporting unit oversample probabilities to calculate a weight for each respondent
- ◆ Calculated State weighted rates for each measure

HSAG calculated weighted top-box scores (i.e., State weighted rates). In accordance with NCQA HEDIS Specifications for Survey Measures, the scoring for the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero.<sup>4-3</sup> For the global ratings, HSAG considered a top-box response to be a value of 8, 9, or 10. For the composite measures, HSAG considered responses of "Usually," "Always," or "Yes" as top-box responses. After applying this scoring methodology, HSAG calculated the percentage of top-box responses in order to determine the State weighted rate by using the following formula:

<sup>4-3</sup> National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

$$AGG = \frac{\sum_r MS_r \times w_r}{\sum_r w_r}$$

Where:

AGG = State weighted rate

$MS_r$  = Measure score for respondent  $r$

$w_r$  = weight for respondent  $r$

For additional detail, please refer to the *NCQA HEDIS 2019 Specifications for Survey Measures, Volume 3*.

For comparison purposes, HSAG includes in the graphs the 2018 Quality Compass 25th percentiles, national Medicaid averages, and 90th percentiles.<sup>4-4,4-5,4-6</sup>

## State Comparisons

For purposes of the State Comparisons analyses, HSAG presents the adult and child population results separately for each global rating and composite measure at the MCP level and reporting unit level. HSAG calculated top-box scores for each measure.<sup>4-7</sup> HSAG does not display the MCPs' or reporting units' results with fewer than 100 responses.

## MCP-Level Analyses

For the MCP-level analyses, HSAG used responses from the MCP-level sample to report each measure (i.e., responses from the reporting unit oversample were not included), and the results were not weighted. HSAG includes the State weighted rate in the figures for reference only. For each MCP, HSAG calculated the 95 percent confidence intervals for each top-box score and compared these intervals to the adult and child Medicaid national averages. If the

<sup>4-4</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

<sup>4-5</sup> For the NCQA child Medicaid national averages and percentiles, the source for data contained in this publication is Quality Compass® 2018 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2018 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

<sup>4-6</sup> NCQA national data for 2019 were not available at the time this report was prepared; therefore, 2018 NCQA national data are presented in this section. 2018 Quality Compass data reflects measurement year 2017 scores.

<sup>4-7</sup> National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

Medicaid national averages were below the lower bound of the 95 percent confidence intervals, the measures were significantly higher than the Medicaid national averages for the MCPs. If the Medicaid national averages were above the upper bound of the 95 percent confidence intervals, the measures were significantly lower than the Medicaid national averages for the MCPs. If the Medicaid national averages encompassed the 95 percent confidence intervals, there were no significant differences between the MCPs and the Medicaid national averages for the measures.

## Reporting Unit-Level Analyses

For the reporting unit-level analyses, HSAG used responses from the MCP-level sample and reporting unit oversample to report each measure, and the results were not weighted. HSAG did not compare reporting unit-level results to the State weighted rate or Medicaid national averages for significant differences. HSAG calculated top-box scores in accordance with NCQA HEDIS Specifications for Survey Measures. The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, HSAG calculated the percentage of top-box responses in order to determine the top-box scores. For additional detail, please refer to the *NCQA HEDIS 2019 Specifications for Survey Measures, Volume 3*.

## Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analyses, and interpretations. Sample sizes for the 2019 CAHPS Survey were established with the following goals:

1. Obtain 411 completed surveys at the MCP level.
2. Obtain 100 completed surveys at the reporting unit level.

While the sample sizes were determined based on these goals, a number of measures at the reporting unit level and MCP level had fewer than 100 responses. According to NCQA HEDIS Specifications for Survey Measures, if a measure has fewer than 100 responses, the measure is not reportable; therefore, in the figures throughout this report, HSAG does not present the results for measures with fewer than 100 responses.<sup>4-8</sup> NCQA HEDIS Specifications for Survey Measures recommends targeting 411 completed surveys to meet the following statistical parameters: 1) confidence intervals with a margin of error under 5 percent at the 95 percent confidence level, and 2) statistical power of at least 80 percent in detecting differences of 10 percentage points.<sup>4-9</sup> Based on the sample sizes, it would be expected that a number of reporting units would not have reached 411 completed surveys; therefore, caution should be taken when interpreting the reporting unit level results. Additionally, DHCS should consider these limitations when interpreting or generalizing the findings.

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<sup>4-8</sup> National Committee for Quality Assurance. *HEDIS® 2019, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2018.

<sup>4-9</sup> Ibid.

## Non-Response Bias

The experiences of the survey respondent population may be different than those of non-respondents with respect to their health care services and may vary by MCP or reporting unit. The respondent analysis includes a comparison of the demographics of those that responded to the survey to those eligible for the survey (i.e., those beneficiaries in the sampling frame). While there were some differences in the demographic characteristics between these two populations, the full effect of non-response on overall results cannot be determined due to a lack of information from non-respondents. DHCS should consider the potential for non-response bias when interpreting CAHPS results.

## Causal Inferences

Although this report examines whether beneficiaries report differences with various aspects of their health care experiences, these differences may not be completely attributable to the MCP. These analyses identify whether beneficiaries give different ratings of experience with their MCP. The survey by itself does not necessarily reveal the exact cause of these differences.

## Survey Instrument

HSAG administered the surveys in two languages only, English and Spanish, as CAHPS 5.0H Health Plan Surveys in alternative languages were not approved by NCQA at the time of survey administration. Therefore, caution should be exercised when interpreting CAHPS results, given that MCMC beneficiaries may not have been able to complete a survey due to language barriers.

## National Confidence Interval Data

HSAG compared the 95 percent confidence interval of each MCP's score with the national average. HSAG did not have access to the 95 percent confidence interval of the national average; therefore, HSAG could only compare each MCP's 95 percent confidence interval to the national average (and not the national 95 percent confidence interval).<sup>4-10</sup> DHCS should exercise caution when reviewing the significant results of this comparison for the MCP-level results.

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<sup>4-10</sup> HSAG only has access to the standard edition of NCQA's health plan performance Quality Compass data license, which does not include access to confidence intervals; therefore, the 95 percent confidence interval of the national average was not available for analysis.

## Who Responded to the Survey

### *Response Rates*

HSAG mailed a total of 62,154 adult surveys and 51,803 child surveys to the sample of beneficiaries selected for surveying. Of these, a total of 10,929 adult surveys and 9,100 child surveys were completed. HSAG used these completed surveys to calculate the MCMC CAHPS results presented in this section.

The CAHPS Survey response rate is the total number of completed surveys divided by all eligible beneficiaries in the sample. If a beneficiary answered at least three of five questions on the survey, HSAG counted the survey as complete.<sup>5-1</sup> Eligible beneficiaries included the entire sample minus ineligible beneficiaries. Ineligible beneficiaries met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated (adult population only), or had a language barrier.

Table 5.1 presents the total number of beneficiaries sampled, the number of ineligible and eligible beneficiaries, the number of surveys completed, and the response rate for the adult and child beneficiaries selected for surveying. The overall adult and child beneficiary response rates of 17.77 percent and 17.67 percent, respectively, were lower than the national adult and child Medicaid response rates reported by NCQA for 2018, which were 21.80 percent and 21.20 percent, respectively. To improve the California adult and child beneficiary response rates, HSAG suggests that DHCS work with the MCPs to determine the causes for the incomplete and inaccurate contact information for the adult and child beneficiaries and determine the actions needed to improve the completeness and accuracy of these data. Improving the completeness and accuracy of the contact information may decrease the number of undeliverable surveys and increase the response rates.

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<sup>5-1</sup> A survey was considered a complete and valid survey for the CAHPS Adult Medicaid Survey when three of the following five questions were appropriately answered: 3, 15, 24, 28, and 35. A survey was considered a complete and valid survey for the CAHPS Child Medicaid Survey when three of the following five questions were appropriately answered: 3, 15, 27, 31, and 36.

**Table 5.1—Participating MCPs**

	Total Adult	Total Child
Sample Size	62,154	51,803
Ineligible Beneficiaries	657	307
Eligible Sample	61,497	51,496
Number of Surveys Completed	10,929	9,100
Response Rate	17.77%	17.67%

Response rate is calculated as Number of Completed Surveys/Eligible Sample.

### Respondent Analyses

HSAG compared the demographic characteristics (i.e., age, gender, and race/ethnicity) of adult and child beneficiary survey respondents to the demographic characteristics of beneficiaries in the sampling frames at the MCP level. For these analyses, the adult and child populations' results are presented separately. Table 5.2 through Table 5.4 and Table 5.5 through Table 5.7 present the results of the respondent analyses for the adult and child populations, respectively.<sup>5-2</sup> Please note that variables from the sample frames were used for this analysis.

**Table 5.2—Adult Respondent Analysis: Age**

MCP	Adult Respondents					Adult Sample Frame				
	18-34	35-44	45-54	55-64	65 or older	18-34	35-44	45-54	55-64	65 or older
AAH	23.2%	16.2%	19.6%	30.5%	10.5%	41.0%	16.4%	16.1%	18.6%	7.9%
Aetna	38.5%	17.2%	15.6%	23.7%	5.0%	53.2%	18.0%	14.6%	12.1%	2.0%
Anthem	30.3%	17.5%	18.8%	27.8%	5.7%	46.8%	18.0%	15.4%	14.9%	4.8%
Blue Shield Promise	18.4%	11.0%	15.6%	31.5%	23.5%	39.8%	15.2%	15.1%	18.0%	11.9%
CAAH	30.0%	20.9%	17.5%	27.2%	4.3%	51.8%	17.5%	14.7%	13.4%	2.6%
CCHP	26.2%	14.5%	21.1%	27.4%	10.8%	43.2%	18.3%	15.9%	16.3%	6.4%
CHG	24.7%	11.8%	16.8%	29.2%	17.4%	42.9%	15.6%	16.0%	17.4%	8.0%
CHW	26.8%	16.2%	19.8%	34.8%	2.4%	44.9%	19.4%	16.4%	17.5%	1.7%
CalOptima	24.3%	12.6%	19.8%	29.1%	14.1%	44.3%	14.5%	16.7%	17.5%	6.9%

<sup>5-2</sup> HSAG did not weight the demographic results for the adult and child beneficiary survey respondents. In addition, HSAG did not include respondents from the reporting unit oversample in this analysis.

MCP	Adult Respondents					Adult Sample Frame				
	18-34	35-44	45-54	55-64	65 or older	18-34	35-44	45-54	55-64	65 or older
CalViva	32.1%	20.7%	19.7%	23.6%	3.9%	49.1%	20.0%	15.4%	12.7%	2.9%
CenCal	32.2%	10.7%	19.2%	33.6%	4.2%	50.0%	16.6%	15.1%	15.3%	3.0%
Gold Coast	29.9%	13.8%	22.0%	31.0%	3.4%	48.8%	16.9%	16.3%	15.5%	2.5%
HPSJ	26.4%	15.9%	20.9%	30.7%	6.1%	48.4%	18.2%	15.5%	14.3%	3.6%
HPSM	22.5%	11.3%	13.5%	23.6%	29.1%	37.6%	13.9%	14.3%	17.0%	17.2%
Health Net	26.3%	13.2%	18.5%	30.6%	11.3%	46.1%	15.9%	15.5%	16.2%	6.1%
IEHP	29.1%	11.2%	18.2%	30.6%	10.9%	48.3%	16.7%	14.8%	14.9%	5.4%
KFHC	36.7%	13.6%	18.6%	26.9%	4.2%	51.8%	17.9%	14.9%	13.3%	2.1%
Kaiser NorCal	32.3%	18.0%	17.1%	29.2%	3.4%	50.8%	19.6%	14.8%	12.5%	2.3%
Kaiser SoCal	33.3%	18.3%	17.4%	28.3%	2.7%	48.3%	18.0%	16.3%	15.9%	1.5%
L.A. Care	24.6%	13.1%	21.5%	32.1%	8.7%	46.2%	15.4%	15.4%	17.3%	5.8%
Molina	23.7%	11.5%	20.9%	25.5%	18.4%	43.7%	16.1%	15.7%	16.5%	8.0%
Partnership	28.0%	18.0%	19.1%	28.0%	6.9%	45.8%	18.9%	16.0%	16.5%	2.8%
SCFHP	25.2%	10.2%	14.2%	28.6%	21.8%	37.5%	13.7%	15.6%	19.1%	14.1%
SFHP	21.2%	14.2%	19.7%	34.9%	10.1%	33.4%	16.7%	19.3%	24.4%	6.2%
UHC	32.1%	15.9%	18.3%	28.3%	5.5%	52.3%	15.9%	14.4%	14.3%	3.1%

Please note, percentages for each demographic category may not total 100 percent due to rounding.

**Table 5.3—Adult Respondent Analysis: Gender**

MCP	Adult Respondents		Adult Sample Frame	
	Male	Female	Male	Female
AAH	39.9%	60.1%	43.6%	56.4%
Aetna	48.9%	51.1%	50.7%	49.3%
Anthem	39.6%	60.4%	45.2%	54.8%
Blue Shield Promise	39.4%	60.6%	47.1%	52.9%
CCAH	41.1%	58.9%	43.0%	57.0%
CCHP	36.6%	63.4%	42.0%	58.0%



MCP	Adult Respondents		Adult Sample Frame	
	Male	Female	Male	Female
CHG	41.6%	58.4%	41.7%	58.3%
CHW	32.7%	67.3%	43.2%	56.8%
CalOptima	38.7%	61.3%	43.7%	56.3%
CalViva	33.6%	66.4%	40.7%	59.3%
CenCal	42.1%	57.9%	43.5%	56.5%
Gold Coast	36.6%	63.4%	43.5%	56.5%
HPSJ	35.7%	64.3%	41.1%	58.9%
HPSM	36.6%	63.4%	43.2%	56.8%
Health Net	34.7%	65.3%	44.6%	55.4%
IEHP	36.3%	63.7%	41.4%	58.6%
KFHC	32.8%	67.2%	39.8%	60.2%
Kaiser NorCal	35.4%	64.6%	38.1%	61.9%
Kaiser SoCal	38.6%	61.4%	38.7%	61.3%
L.A. Care	41.1%	58.9%	43.3%	56.7%
Molina	40.6%	59.4%	44.1%	55.9%
Partnership	38.8%	61.2%	45.3%	54.7%
SCFHP	43.3%	56.7%	43.2%	56.8%
SFHP	47.1%	52.9%	48.6%	51.4%
UHC	46.6%	53.4%	48.4%	51.6%

Please note, percentages for each demographic category may not total 100 percent due to rounding.

**Table 5.4—Adult Respondent Analysis: Race/Ethnicity**

MCP	Adult Respondents					Adult Sample Frame				
	White	Black	Asian	Hispanic	Other	White	Black	Asian	Hispanic	Other
AAH	13.3%	14.5%	29.5%	26.0%	16.8%	13.0%	19.8%	28.2%	20.1%	18.9%
Aetna	27.7%	9.6%	13.3%	21.3%	28.1%	30.8%	10.8%	8.8%	20.0%	29.6%
Anthem	30.2%	6.5%	13.6%	34.3%	15.3%	30.4%	9.1%	12.0%	32.1%	16.4%

MCP	Adult Respondents					Adult Sample Frame				
	White	Black	Asian	Hispanic	Other	White	Black	Asian	Hispanic	Other
Blue Shield Promise	33.2%	5.4%	9.2%	28.7%	23.5%	30.4%	8.0%	8.0%	32.1%	21.5%
CCAH	28.1%	2.8%	5.6%	56.9%	6.6%	23.3%	3.1%	3.6%	63.2%	6.8%
CCHP	25.5%	10.0%	11.5%	32.7%	20.4%	22.0%	14.9%	11.3%	30.9%	20.8%
CHG	27.5%	5.1%	8.5%	41.6%	17.3%	20.4%	6.4%	10.6%	41.0%	21.6%
CHW	49.5%	1.6%	1.6%	45.1%	2.2%	49.2%	1.7%	2.9%	41.9%	4.3%
CalOptima	22.2%	1.0%	21.4%	37.8%	17.6%	22.4%	2.0%	23.4%	37.9%	14.3%
CalViva	20.9%	4.3%	3.3%	60.7%	10.8%	15.6%	5.9%	5.2%	58.2%	15.1%
CenCal	62.3%	0.3%	3.5%	21.9%	12.0%	57.6%	1.9%	2.6%	24.1%	13.8%
Gold Coast	35.3%	0.9%	5.9%	45.1%	12.8%	28.5%	1.9%	4.6%	51.0%	13.9%
HPSJ	30.7%	7.4%	12.3%	42.7%	6.8%	27.2%	8.6%	11.7%	45.8%	6.8%
HPSM	23.7%	3.0%	23.2%	29.0%	21.0%	20.0%	4.2%	21.9%	34.2%	19.7%
Health Net	23.8%	7.9%	17.0%	44.0%	7.3%	20.3%	10.9%	11.1%	50.6%	7.2%
IEHP	28.9%	7.7%	6.3%	53.2%	3.9%	24.3%	11.2%	4.3%	57.0%	3.1%
KFHC	27.0%	4.9%	3.8%	62.6%	1.7%	23.5%	7.7%	4.3%	62.3%	2.3%
Kaiser NorCal	35.6%	11.3%	19.6%	18.7%	14.8%	30.7%	15.3%	12.3%	19.4%	22.4%
Kaiser SoCal	36.2%	4.7%	5.7%	28.3%	25.2%	31.6%	6.6%	7.5%	30.5%	23.9%
L.A. Care	17.8%	11.6%	13.1%	53.7%	3.9%	19.1%	13.7%	9.9%	53.3%	4.1%
Molina	26.6%	7.4%	7.6%	39.7%	18.7%	22.4%	9.2%	7.6%	42.7%	18.0%
Partnership	51.7%	3.4%	6.7%	26.9%	11.3%	51.4%	6.4%	5.3%	24.3%	12.6%
SCFHP	17.8%	3.1%	37.0%	25.6%	16.4%	15.7%	4.1%	36.0%	30.0%	14.2%
SFHP	16.5%	9.6%	31.1%	14.7%	28.1%	12.3%	10.6%	39.0%	13.4%	24.7%
UHC	32.7%	5.0%	17.3%	21.2%	23.7%	31.7%	6.6%	11.5%	23.3%	27.0%

Please note, percentages for each demographic category may not total 100 percent due to rounding.

Table 5.5—Child Respondent Analysis: Age

MCP	Child Respondents					Child Sample Frame				
	Less than 1	1-3	4-7	8-12	13-17	Less than 1	1-3	4-7	8-12	13-17
AAH	2.8%	25.1%	25.4%	20.4%	26.3%	2.3%	19.5%	25.0%	27.9%	25.4%
Aetna	10.7%	25.0%	19.0%	27.4%	17.9%	9.1%	24.8%	21.6%	25.1%	19.4%
Anthem	4.1%	21.0%	23.5%	22.9%	28.6%	2.8%	19.4%	23.7%	28.3%	25.8%
Blue Shield Promise	4.7%	22.2%	26.2%	23.3%	23.6%	2.3%	20.8%	25.6%	26.8%	24.4%
CCAH	4.6%	26.0%	21.9%	25.1%	22.4%	3.5%	19.9%	24.6%	28.1%	24.0%
CCHP	2.0%	22.5%	19.6%	25.7%	30.1%	2.7%	20.0%	23.8%	28.1%	25.4%
CHG	2.9%	17.0%	24.7%	23.4%	32.1%	2.3%	17.9%	24.1%	28.9%	26.9%
CHW	4.8%	19.3%	24.2%	23.6%	28.1%	3.0%	19.3%	25.0%	28.1%	24.7%
CalOptima	4.1%	18.3%	17.4%	27.2%	33.0%	3.2%	18.5%	23.2%	28.3%	26.8%
CalViva	2.5%	23.7%	20.2%	26.8%	26.8%	3.0%	19.7%	25.6%	28.5%	23.2%
CenCal	5.7%	25.2%	21.3%	24.9%	22.9%	4.0%	21.3%	24.9%	26.6%	23.2%
Gold Coast	4.5%	20.4%	23.4%	23.7%	27.9%	3.6%	19.1%	23.8%	28.3%	25.2%
HPSJ	2.4%	22.6%	18.8%	23.8%	32.4%	3.2%	20.4%	24.4%	27.6%	24.4%
HPSM	2.9%	17.8%	25.7%	24.1%	29.4%	3.6%	20.2%	24.2%	26.9%	25.1%
Health Net	3.4%	15.1%	20.4%	28.4%	32.7%	1.9%	17.1%	24.7%	29.5%	26.8%
IEHP	2.7%	15.4%	23.5%	29.2%	29.2%	2.6%	19.8%	24.6%	28.1%	25.0%
KFHC	2.6%	22.2%	21.9%	28.2%	25.1%	2.9%	20.2%	24.9%	28.2%	23.8%
Kaiser NorCal	3.1%	22.8%	21.6%	25.3%	27.2%	3.8%	21.3%	24.0%	26.6%	24.2%
Kaiser SoCal	2.9%	20.9%	19.2%	23.0%	34.0%	3.5%	22.0%	23.4%	25.8%	25.3%
L.A. Care	1.2%	17.3%	23.5%	31.5%	26.5%	2.3%	18.2%	24.1%	29.2%	26.2%
Molina	2.3%	22.3%	23.4%	23.7%	28.3%	2.4%	18.2%	24.0%	28.7%	26.6%
Partnership	2.2%	20.2%	24.7%	23.1%	29.8%	3.2%	20.1%	24.5%	27.7%	24.5%
SCFHP	4.2%	19.9%	24.8%	26.0%	25.1%	3.3%	19.6%	23.3%	27.3%	26.5%
SFHP	3.8%	24.9%	24.6%	24.9%	21.9%	3.7%	22.2%	24.6%	25.9%	23.6%

MCP	Child Respondents					Child Sample Frame				
	Less than 1	1-3	4-7	8-12	13-17	Less than 1	1-3	4-7	8-12	13-17
UHC	11.5%	31.1%	21.3%	19.7%	16.4%	9.7%	26.9%	23.9%	21.8%	17.7%

Please note, percentages for each demographic category may not total 100 percent due to rounding.

**Table 5.6—Child Respondent Analysis: Gender**

MCP	Child Respondents		Child Sample Frame	
	Male	Female	Male	Female
AAH	53.6%	46.4%	51.2%	48.8%
Aetna	54.8%	45.2%	49.9%	50.1%
Anthem	51.4%	48.6%	51.2%	48.8%
Blue Shield Promise	55.3%	44.7%	51.8%	48.2%
CAAH	55.2%	44.8%	51.0%	49.0%
CCHP	47.4%	52.6%	51.0%	49.0%
CHG	54.5%	45.5%	51.1%	48.9%
CHW	48.3%	51.7%	51.3%	48.7%
CalOptima	53.9%	46.1%	51.4%	48.6%
CalViva	50.8%	49.2%	51.1%	48.9%
CenCal	53.0%	47.0%	50.9%	49.1%
Gold Coast	50.8%	49.2%	51.4%	48.6%
HPSJ	55.6%	44.4%	51.1%	48.9%
HPSM	51.2%	48.8%	52.1%	47.9%
Health Net	51.5%	48.5%	51.3%	48.7%
IEHP	53.0%	47.0%	51.2%	48.8%
KFHC	52.4%	47.6%	50.6%	49.4%
Kaiser NorCal	53.8%	46.3%	51.5%	48.5%
Kaiser SoCal	57.3%	42.7%	51.7%	48.3%
L.A. Care	52.1%	47.9%	51.4%	48.6%
Molina	50.9%	49.1%	51.3%	48.7%
Partnership	52.6%	47.4%	51.4%	48.6%

MCP	Child Respondents		Child Sample Frame	
	Male	Female	Male	Female
SCFHP	53.2%	46.8%	51.9%	48.1%
SFHP	50.9%	49.1%	51.5%	48.5%
UHC	55.7%	44.3%	52.6%	47.4%

Please note, percentages for each demographic category may not total 100 percent due to rounding.

**Table 5.7—Child Respondent Analysis: Race/Ethnicity**

MCP	Child Respondents					Child Sample Frame				
	White	Black	Asian	Hispanic	Other	White	Black	Asian	Hispanic	Other
AAH	7.7%	11.3%	21.9%	43.2%	15.8%	6.1%	21.0%	14.1%	43.0%	15.9%
Aetna	9.8%	6.1%	7.3%	46.3%	30.5%	21.8%	12.3%	5.5%	38.9%	21.4%
Anthem	15.0%	5.3%	10.7%	54.3%	14.7%	19.7%	9.6%	5.8%	51.7%	13.3%
Blue Shield Promise	13.4%	6.1%	3.8%	62.2%	14.5%	14.7%	8.2%	3.9%	58.1%	15.1%
CCAH	11.1%	0.6%	0.9%	82.9%	4.5%	9.8%	1.9%	1.2%	83.1%	3.9%
CCHP	9.6%	9.3%	8.3%	51.9%	21.0%	12.2%	16.0%	4.7%	47.5%	19.6%
CHG	9.9%	4.0%	7.3%	62.0%	16.8%	10.9%	6.2%	4.3%	63.2%	15.5%
CHW	32.3%	1.3%	2.3%	60.3%	3.9%	34.4%	1.5%	1.7%	58.6%	3.8%
CalOptima	15.2%	2.4%	14.3%	58.2%	9.9%	12.5%	1.9%	10.4%	66.3%	8.9%
CalViva	7.8%	2.4%	5.5%	74.4%	9.9%	9.4%	6.1%	3.0%	72.2%	9.4%
CenCal	61.3%	0.5%	1.6%	26.9%	9.6%	62.4%	1.2%	0.9%	27.5%	8.0%
Gold Coast	19.9%	0.3%	3.1%	68.2%	8.4%	17.3%	1.3%	1.6%	72.0%	7.7%
HPSJ	15.8%	4.6%	9.2%	67.7%	2.6%	16.5%	8.4%	6.7%	63.5%	5.0%
HPSM	9.1%	2.4%	11.0%	61.5%	16.0%	7.9%	2.7%	8.1%	62.4%	18.9%
Health Net	8.6%	4.9%	8.9%	73.7%	3.9%	9.5%	8.8%	5.0%	71.8%	5.0%
IEHP	14.2%	6.0%	3.8%	74.4%	1.6%	14.1%	10.4%	1.9%	71.6%	2.0%
KFHC	13.6%	4.9%	2.3%	78.3%	1.0%	14.7%	7.4%	1.7%	74.7%	1.4%
Kaiser NorCal	23.0%	12.5%	9.9%	28.3%	26.3%	24.5%	21.6%	7.5%	26.3%	20.1%

MCP	Child Respondents					Child Sample Frame				
	White	Black	Asian	Hispanic	Other	White	Black	Asian	Hispanic	Other
Kaiser SoCal	24.3%	5.6%	8.9%	43.2%	18.0%	22.9%	9.4%	4.8%	45.4%	17.5%
L.A. Care	7.8%	7.8%	8.7%	73.3%	2.5%	8.1%	10.8%	4.3%	74.5%	2.3%
Molina	12.8%	4.0%	4.6%	59.6%	19.1%	12.2%	9.1%	3.8%	61.3%	13.6%
Partnership	30.3%	4.9%	6.3%	46.5%	12.0%	35.7%	7.0%	2.8%	42.3%	12.3%
SCFHP	3.7%	3.1%	27.9%	57.7%	7.7%	6.9%	3.5%	16.9%	63.9%	8.8%
SFHP	3.6%	3.9%	31.2%	37.1%	24.3%	3.6%	10.6%	27.8%	35.5%	22.5%
UHC	15.5%	5.2%	19.0%	39.7%	20.7%	16.3%	8.9%	7.4%	44.7%	22.7%

Please note, percentages for each demographic category may not total 100 percent due to rounding.

Overall, HSAG identified the following results for age and gender for the adult population:

- ◆ A higher percentage of 55- to 64-year-olds responded to the survey compared to those in the sampling frame.
- ◆ A lower percentage of 18- to 34-year-olds responded to the survey compared to those in the sampling frame.
- ◆ A higher percentage of females than males responded to the survey compared to those in the sampling frame.

Overall, HSAG identified the following results for race/ethnicity for the child population:

- ◆ A higher percentage of parents/caretakers of children whose race/ethnicity was Asian responded to the survey compared to those in the sampling frame.
- ◆ A lower percentage of parents/caretakers of children whose race/ethnicity was Black responded to the survey compared to those in the sampling frame.

## State Weighted Rates

### Global Ratings

Figure 5.1 shows the 2019 adult State weighted rates (i.e., top-box scores) and the 2018 NCQA adult Medicaid 25th percentiles, national averages, and 90th percentiles for the four global ratings.

**Figure 5.1—Global Ratings: Adult Top-Box Scores (State Level)**

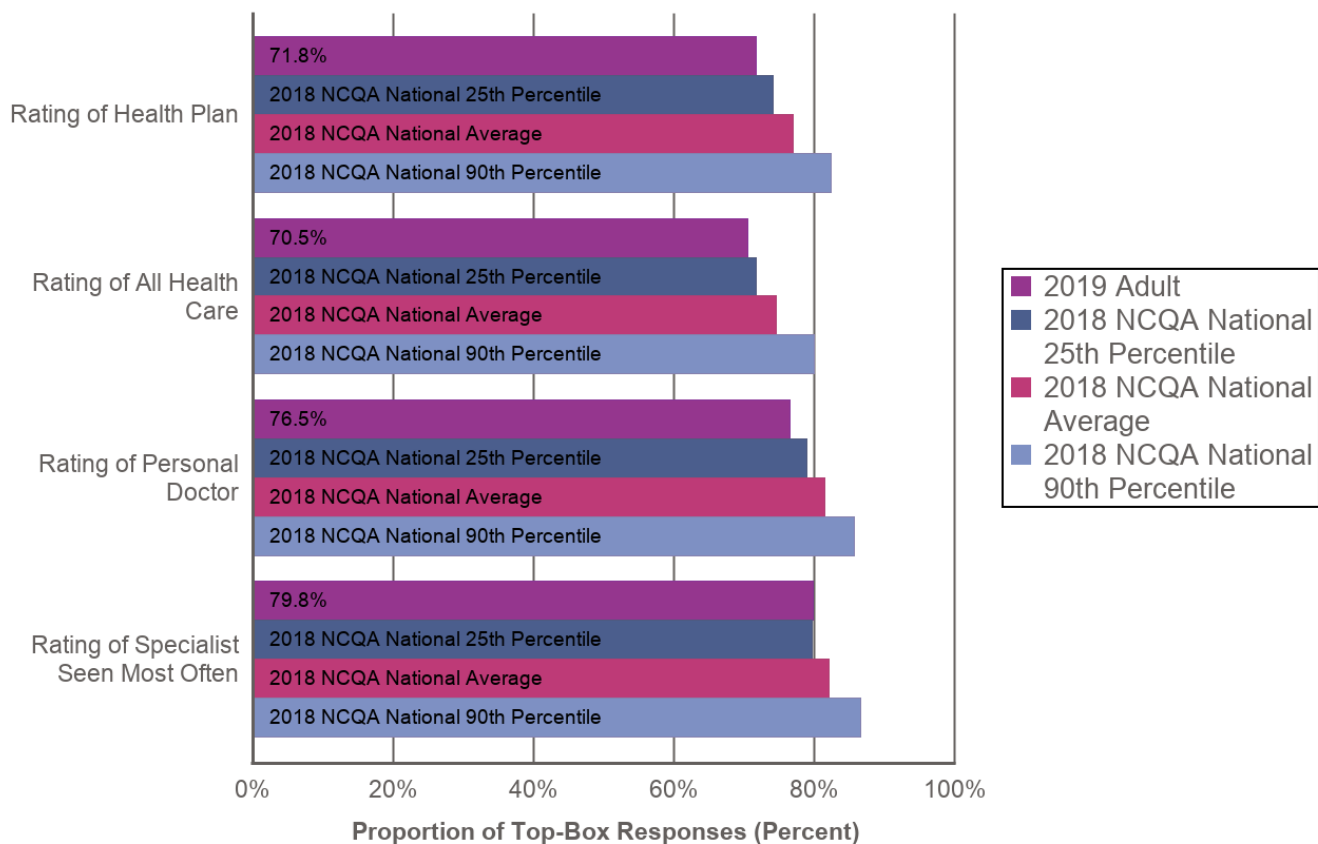
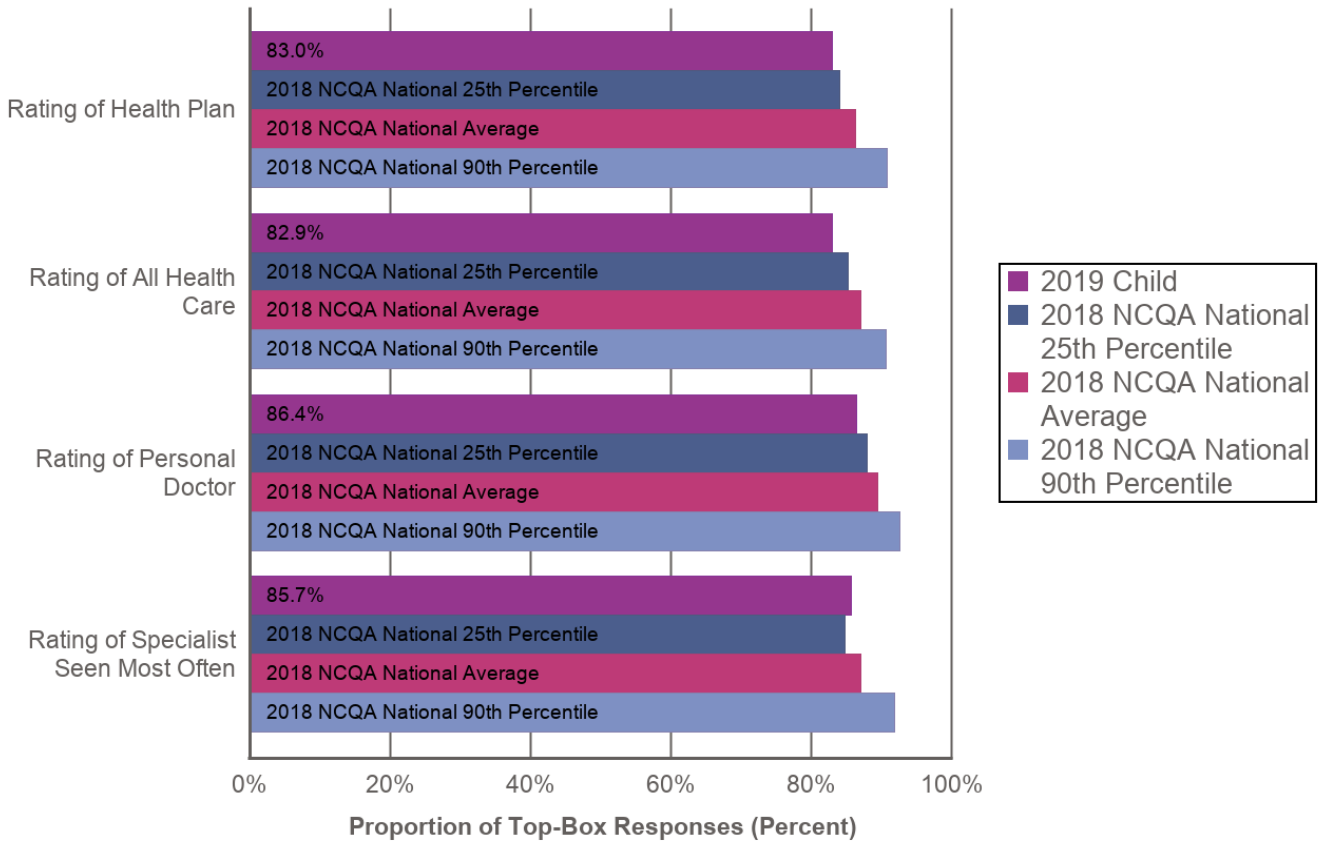


Figure 5.2 shows the 2019 child State weighted rates (i.e., top-box scores) and the 2018 NCQA child Medicaid 25th percentiles, national averages, and 90th percentiles for the four global ratings.

**Figure 5.2—Global Ratings: Child Top-Box Scores (State Level)**





### Composite Measures

Figure 5.3 shows the 2019 adult State weighted rates (i.e., top-box scores) and the 2018 NCQA adult Medicaid 25th percentiles, national averages, and 90th percentiles for the five composite measures.

**Figure 5.3—Composite Measures: Adult Top-Box Scores (State Level)**

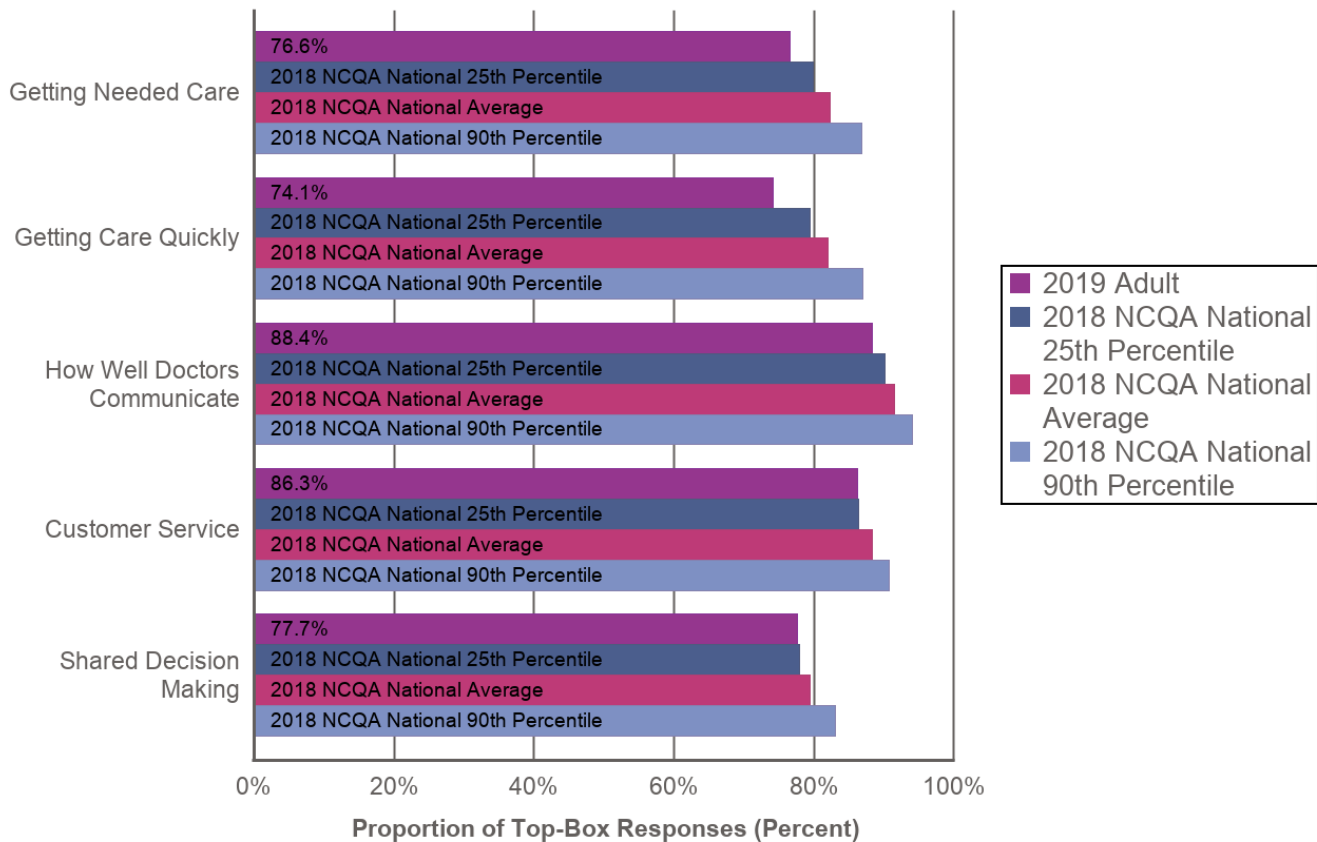
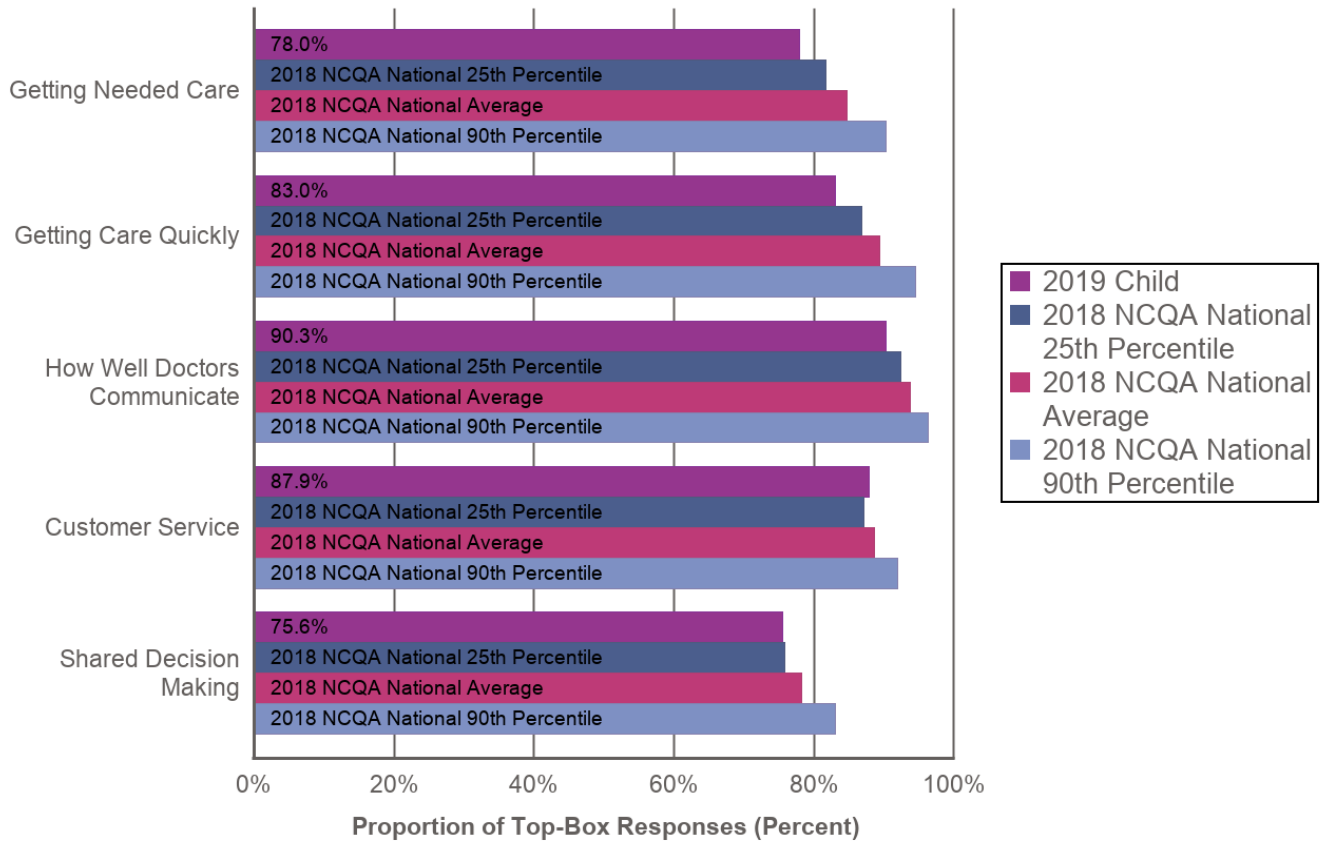


Figure 5.4 shows the 2019 child State weighted rates (i.e., top-box scores) and the 2018 NCQA child Medicaid 25th percentiles, national averages, and 90th percentiles for the five composite measures.

**Figure 5.4—Composite Measures: Child Top-Box Scores (State Level)**



## State Comparisons

### Rating of Health Plan

#### Measure Definition

MCMC beneficiaries were asked to rate their MCP on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.”

Figure 5.5 and Figure 5.6 show the adult MCP-level and reporting unit-level results for Rating of Health Plan, respectively.

**Figure 5.5—Rating of Health Plan: Adult Top-Box Scores (MCP Level)**

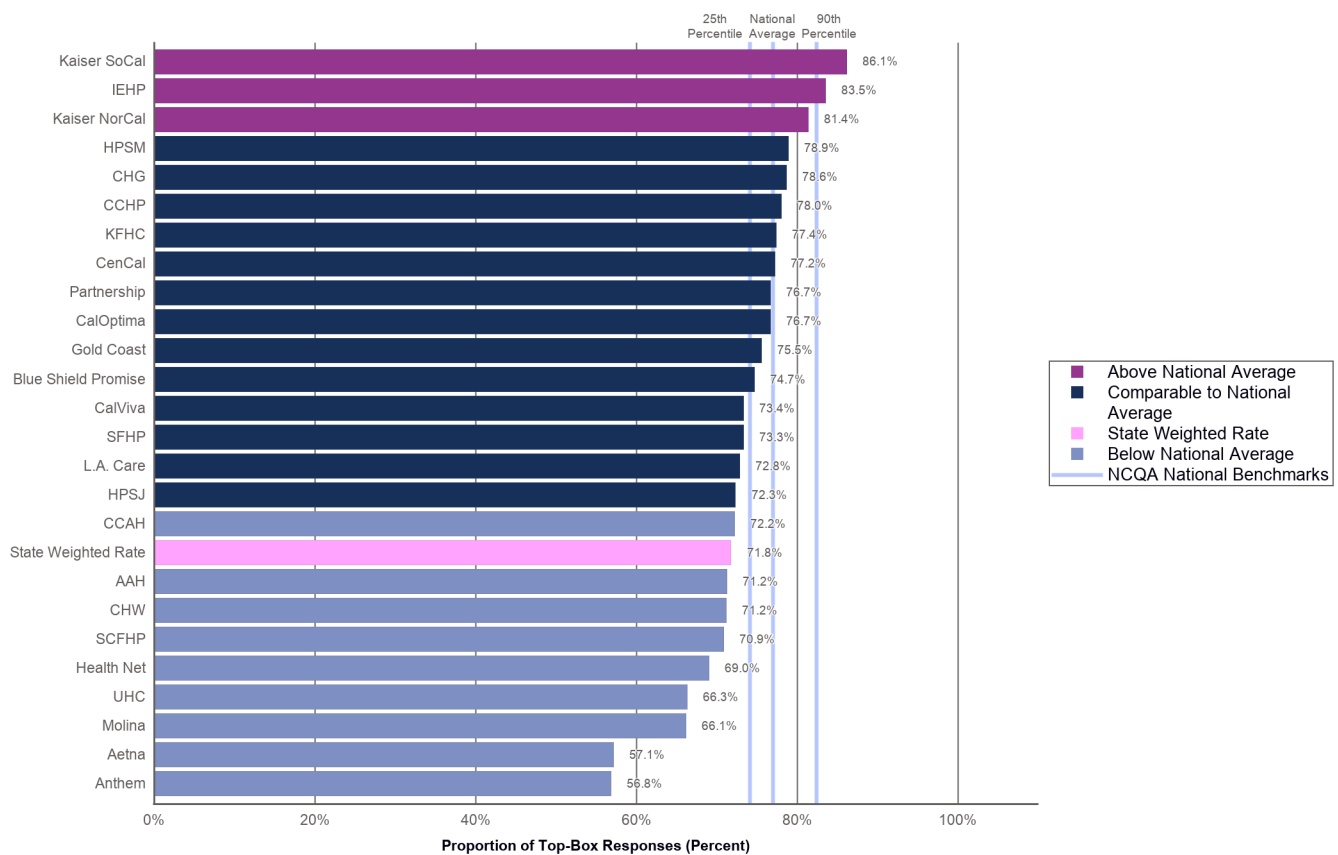
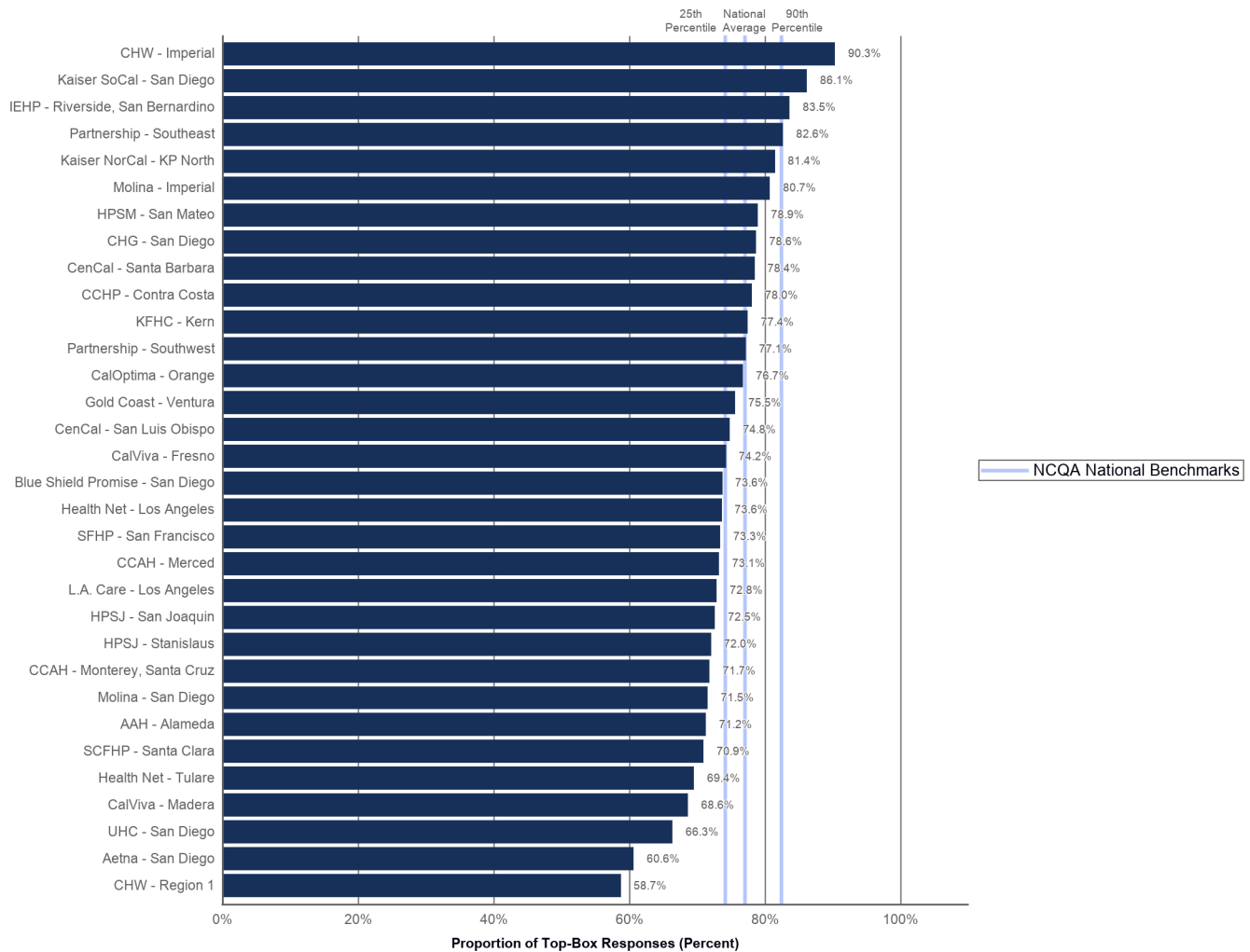


Figure 5.6—Rating of Health Plan: Adult Top-Box Scores (Reporting Unit Level)



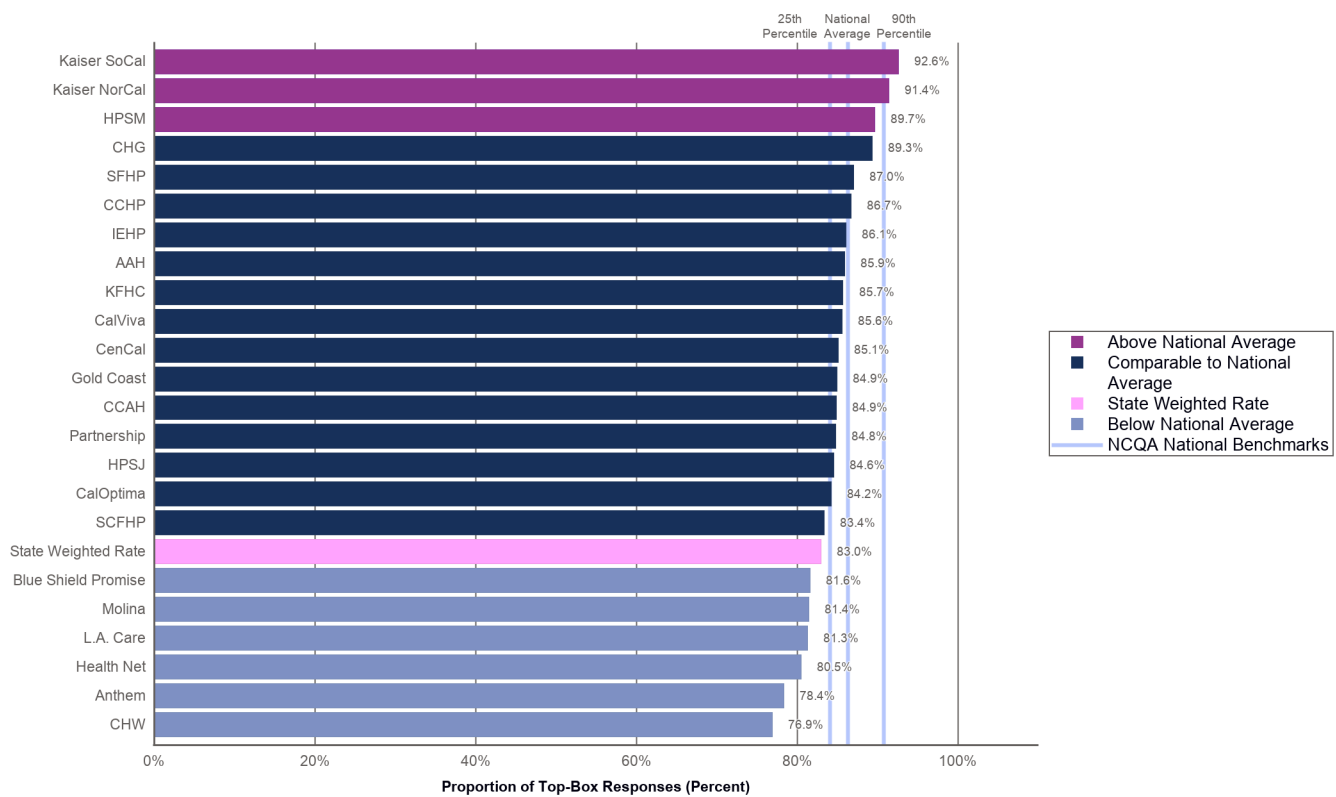
Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Rating of Health Plan measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CHW - Region 2	CalViva - Kings	Health Net - Kern

Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Molina - Riverside, San Bernardino
Molina - Sacramento	Partnership - Northeast	Partnership - Northwest	Aetna - Sacramento	

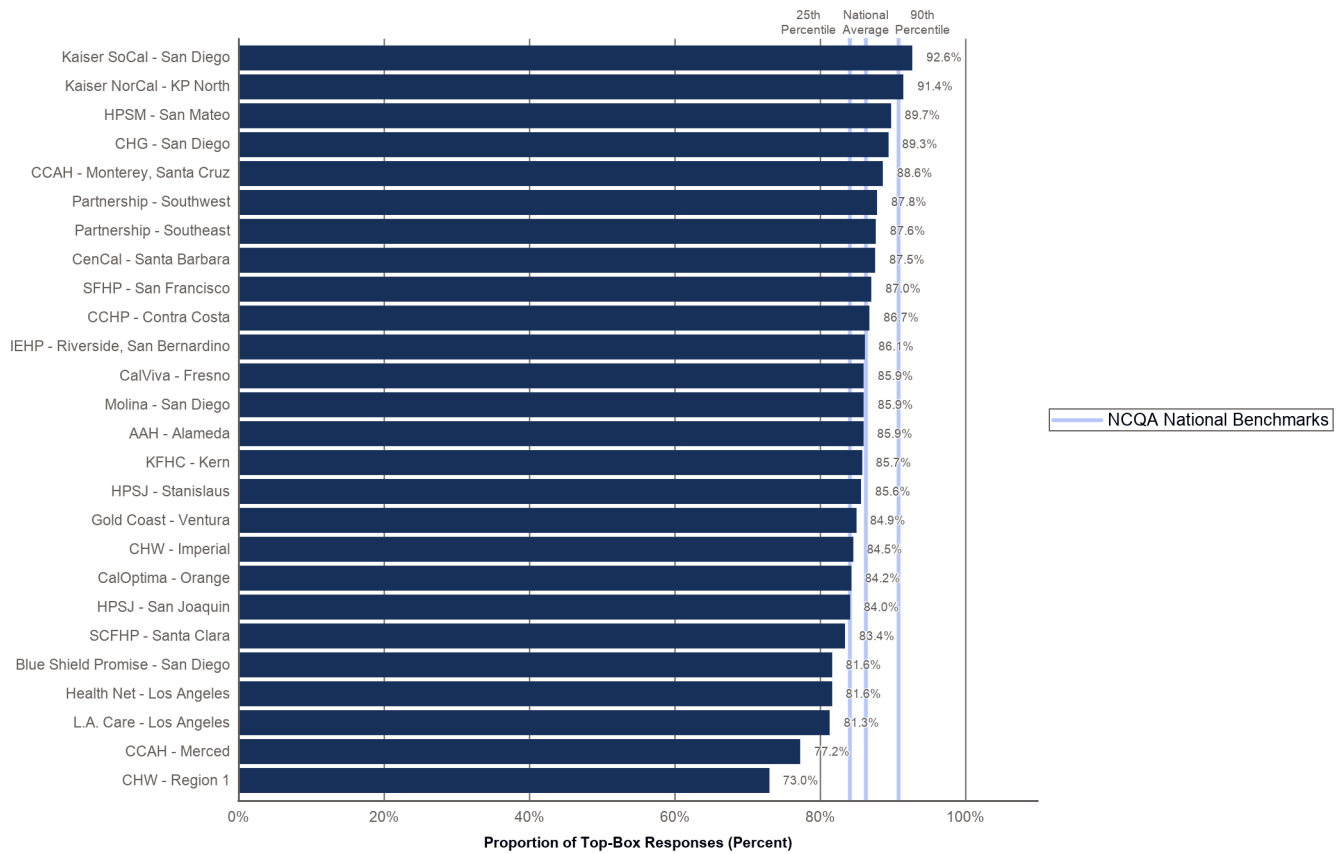
Figure 5.7 and Figure 5.8 show the child MCP-level and reporting unit-level results for Rating of Health Plan, respectively.

**Figure 5.7—Rating of Health Plan: Child Top-Box Scores (MCP Level)**



Scores for Aetna and UHC are not displayed in the figure above since these MCPs had less than 100 responses for the Rating of Health Plan measure.

**Figure 5.8—Rating of Health Plan: Child Top-Box Scores (Reporting Unit Level)**



Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Rating of Health Plan measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CHW - Region 2	CalViva - Kings
CalViva - Madera	Health Net - Kern	Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin
Health Net - Stanislaus	Health Net - Tulare	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento
Partnership - Northeast	Partnership - Northwest	Aetna - Sacramento	Aetna - San Diego	UHC - San Diego

## Summary of Results

There were three MCPs that scored significantly higher than the NCQA adult Medicaid national average:

- ◆ IEHP
- ◆ Kaiser NorCal
- ◆ Kaiser SoCal

There were nine MCPs that scored significantly lower than the NCQA adult Medicaid national average:

- ◆ Aetna
- ◆ AAH
- ◆ Anthem
- ◆ CCAH
- ◆ CHW
- ◆ Health Net
- ◆ Molina
- ◆ SCFHP
- ◆ UHC

There were three MCPs that scored significantly higher than the NCQA child Medicaid national average:

- ◆ HPSM
- ◆ Kaiser NorCal
- ◆ Kaiser SoCal

There were six MCPs that scored significantly lower than the NCQA child Medicaid national average:

- ◆ Anthem
- ◆ Blue Shield Promise
- ◆ CHW
- ◆ Health Net
- ◆ L.A. Care
- ◆ Molina

## Rating of All Health Care

### Measure Definition

MCMC beneficiaries were asked to score all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.”

Figure 5.9 and Figure 5.10 show the adult MCP-level and reporting unit-level results for Rating of All Health Care, respectively.

**Figure 5.9—Rating of All Health Care: Adult Top-Box Scores (MCP Level)**

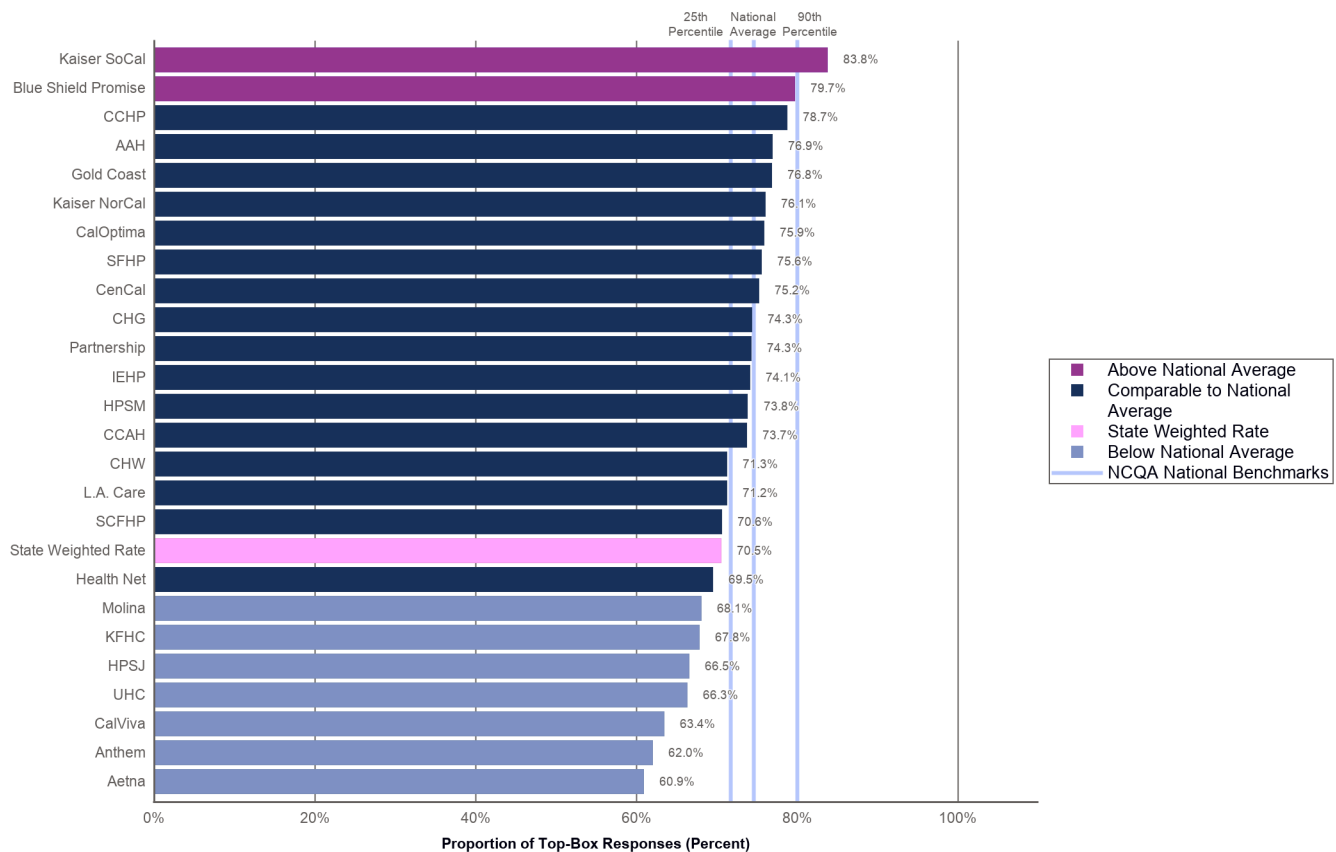
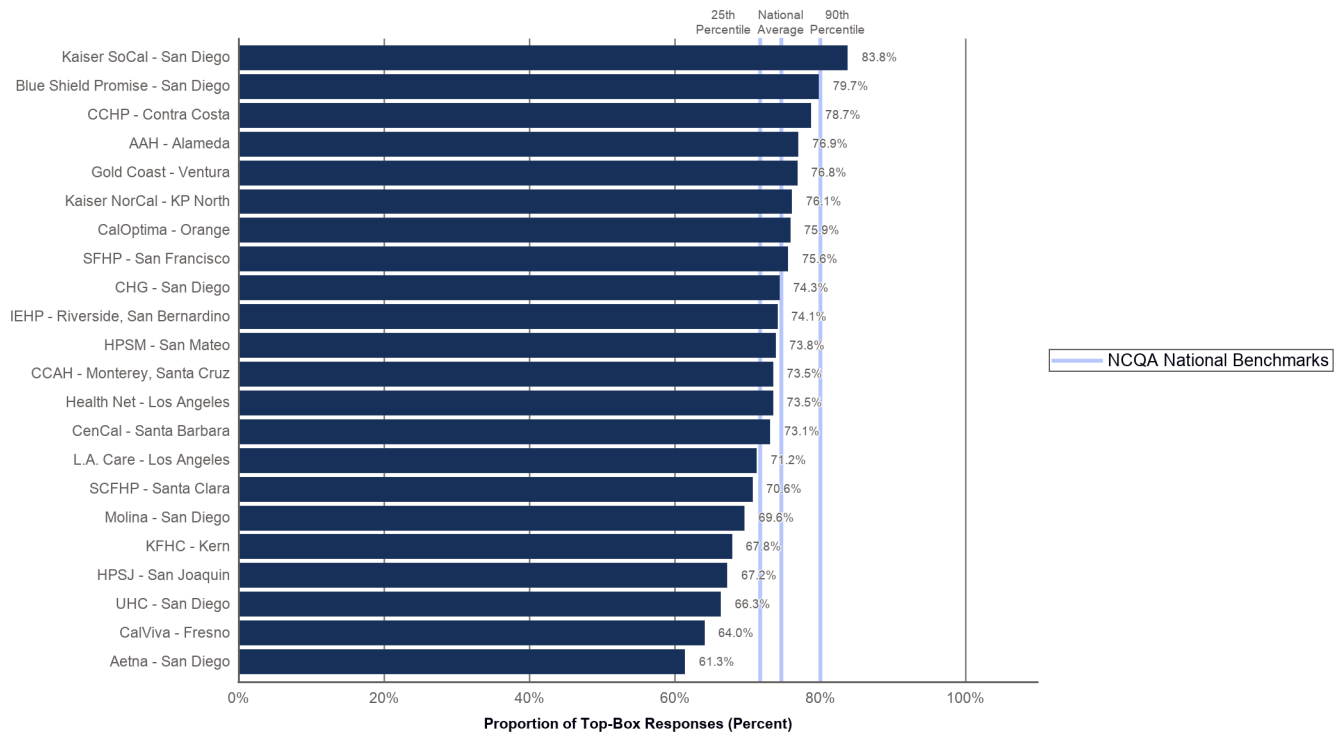




Figure 5.10—Rating of All Health Care: Adult Top-Box Scores (Reporting Unit Level)

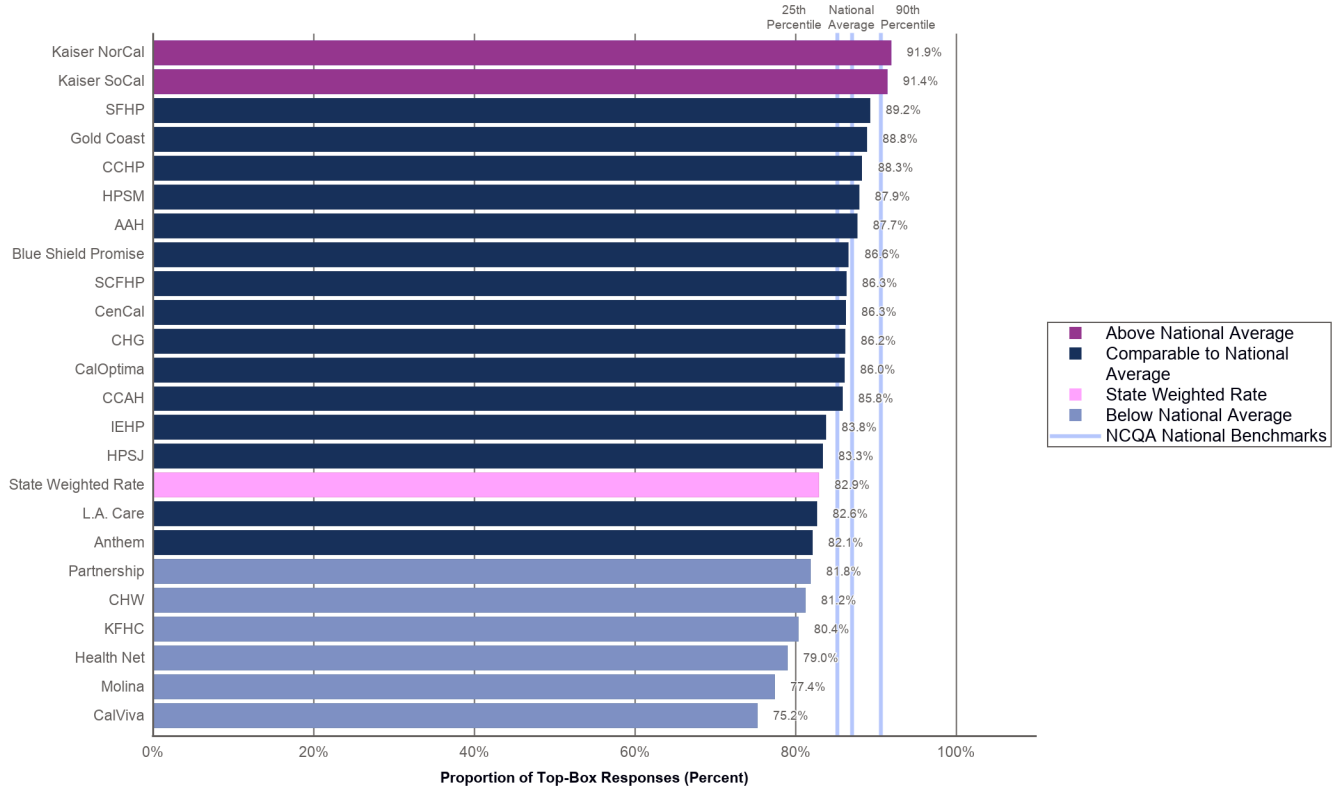


Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Rating of All Health Care measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Imperial
CHW - Region 1	CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern
Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare
HPSJ - Stanislaus	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento	Partnership - Northeast
Partnership - Northwest	Partnership - Southeast	Partnership - Southwest	Aetna - Sacramento	

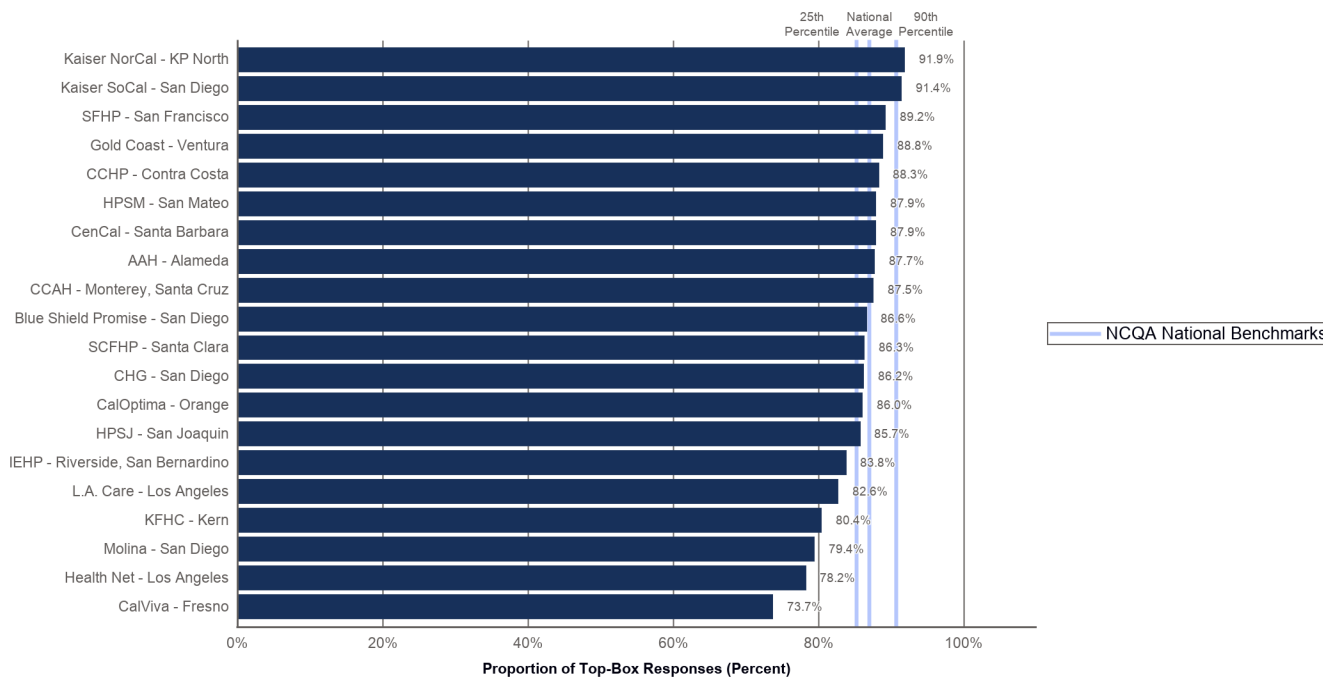
Figure 5.11 and Figure 5.12 show the child MCP-level and reporting unit-level results for Rating of All Health Care, respectively.

**Figure 5.11—Rating of All Health Care: Child Top-Box Scores (MCP Level)**



Scores for Aetna and UHC are not displayed in the figure above since these MCPs had less than 100 responses for the Rating of All Health Care measure.

Figure 5.12—Rating of All Health Care: Child Top-Box Scores (Reporting Unit Level)



Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Rating of All Health Care measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Imperial
CHW - Region 1	CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern
Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare
HPSJ - Stanislaus	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento	Partnership - Northeast
Partnership - Northwest	Partnership - Southeast	Partnership - Southwest	Aetna - Sacramento	Aetna - San Diego
UHC - San Diego				

## Summary of Results

There were two MCPs that scored significantly higher than the NCQA adult Medicaid national average:

- ◆ Blue Shield Promise
- ◆ Kaiser SoCal

There were seven MCPs that scored significantly lower than the NCQA adult Medicaid national average:

- ◆ Aetna
- ◆ Anthem
- ◆ CalViva
- ◆ HPSJ
- ◆ KFHC
- ◆ Molina
- ◆ UHC

There were two MCPs that scored significantly higher than the NCQA child Medicaid national average:

- ◆ Kaiser NorCal
- ◆ Kaiser SoCal

There were six MCPs that scored significantly lower than the NCQA child Medicaid national average:

- ◆ CalViva
- ◆ CHW
- ◆ Health Net
- ◆ KFHC
- ◆ Molina
- ◆ Partnership

## Rating of Personal Doctor

### Measure Definition

MCMC beneficiaries were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.”

Figure 5.13 and Figure 5.14 show the adult MCP-level and reporting unit-level results for Rating of Personal Doctor, respectively.

**Figure 5.13—Rating of Personal Doctor: Adult Top-Box Scores (MCP Level)**

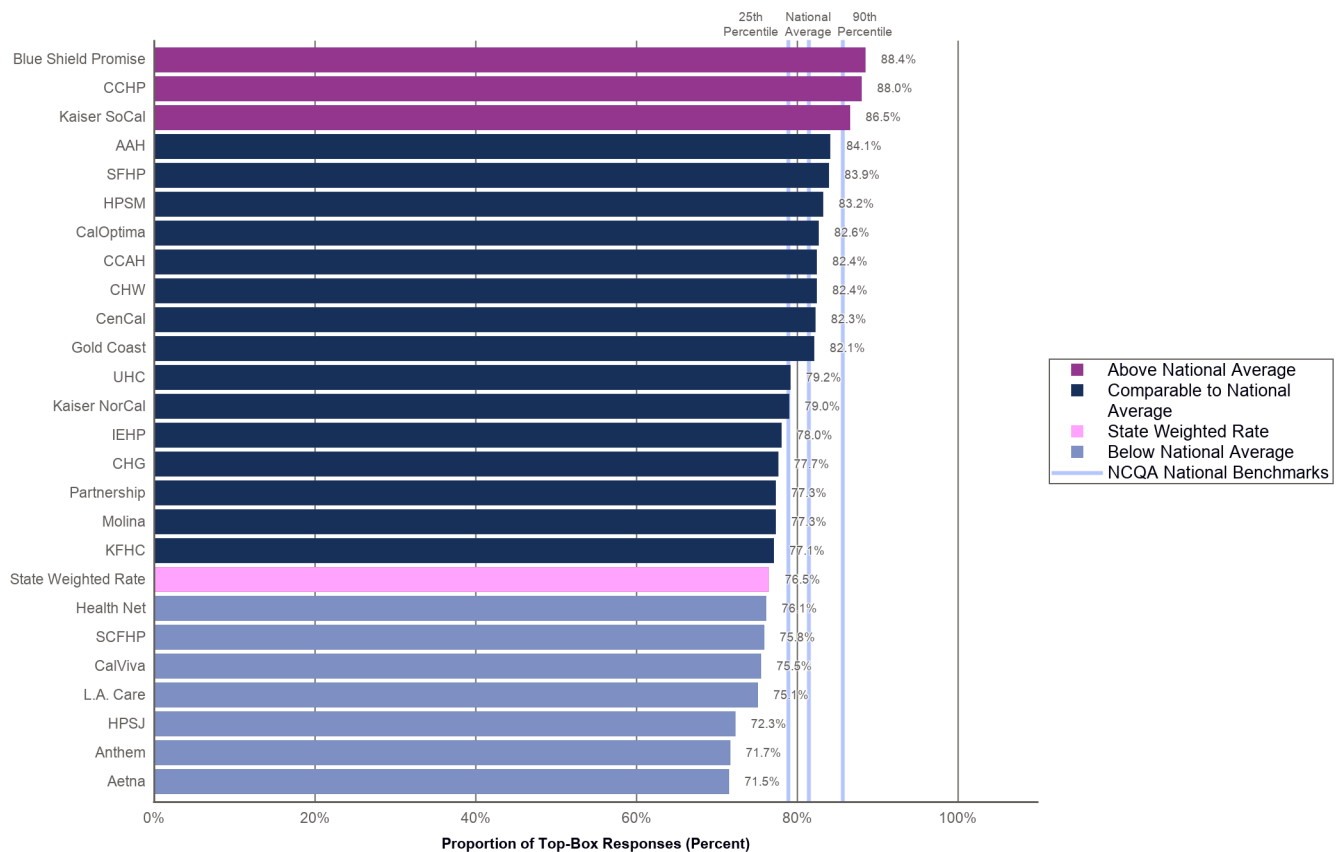
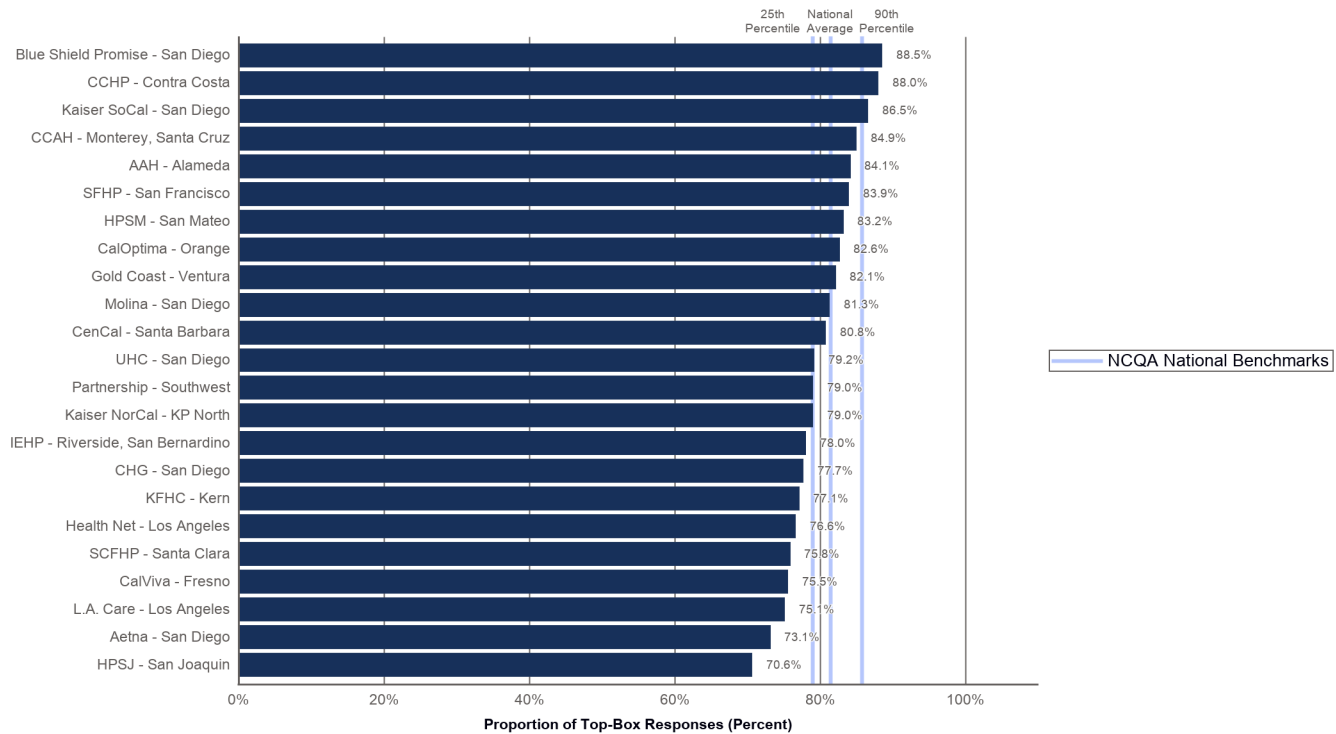


Figure 5.14—Rating of Personal Doctor: Adult Top-Box Scores (Reporting Unit Level)

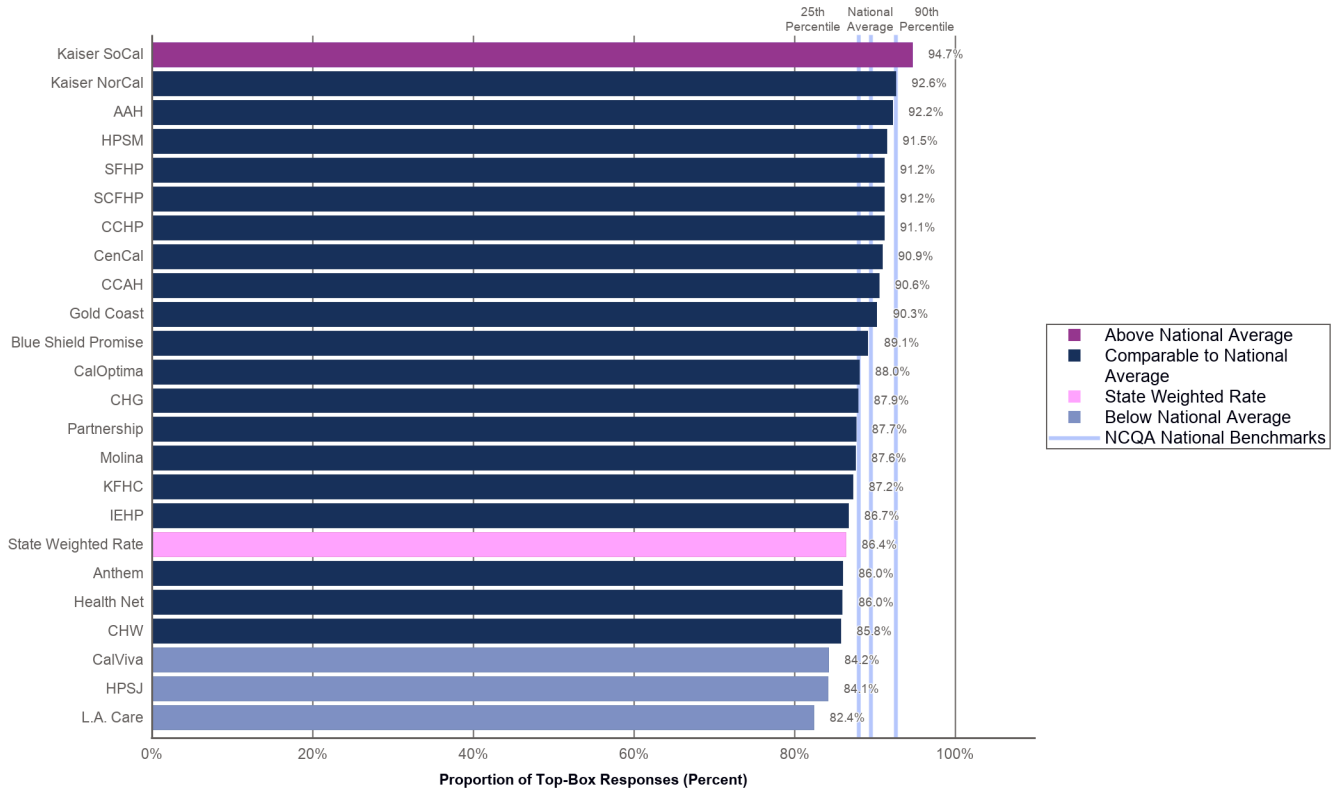


Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Rating of Personal Doctor measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Imperial
CHW - Region 1	CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern
Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare
HPSJ - Stanislaus	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento	Partnership - Northeast
Partnership - Northwest	Partnership - Southeast	Aetna - Sacramento		

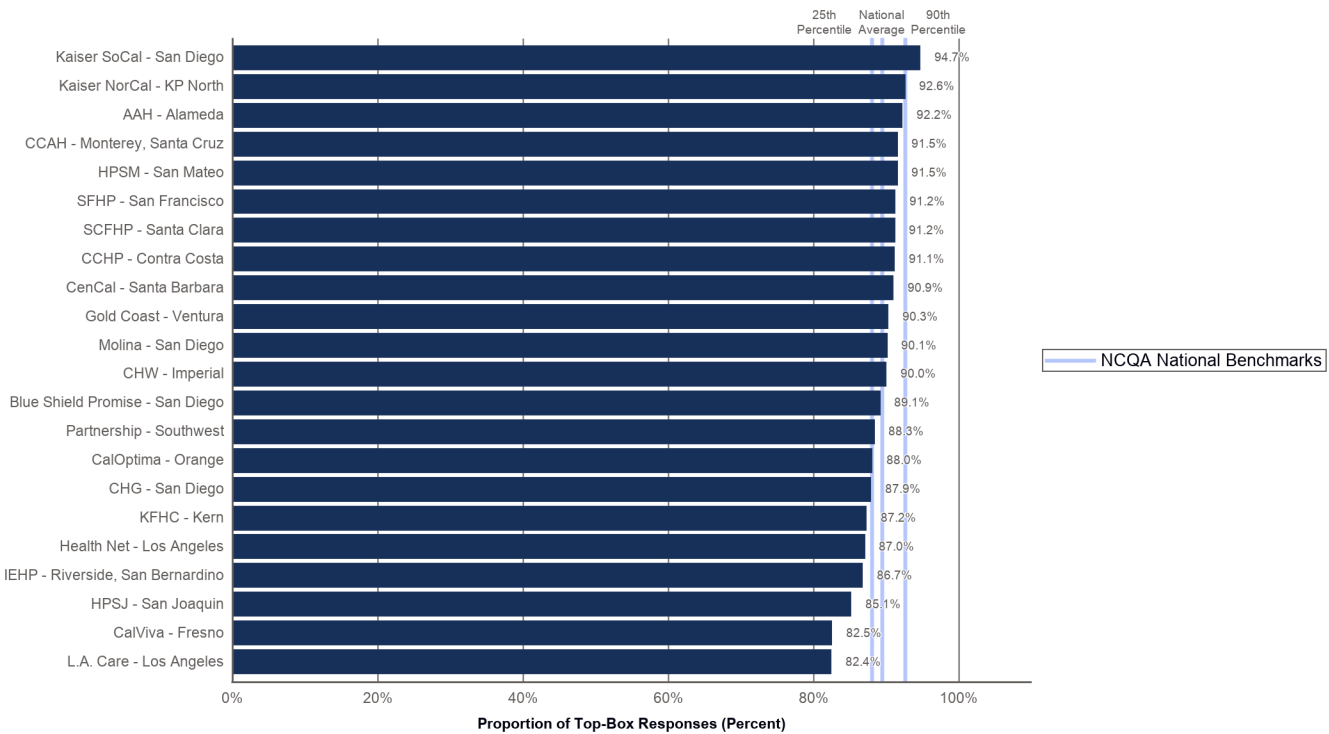
Figure 5.15 and Figure 5.16 show the child MCP-level and reporting unit-level results for Rating of Personal Doctor, respectively.

**Figure 5.15—Rating of Personal Doctor: Child Top-Box Scores (MCP Level)**



Scores for Aetna and UHC are not displayed in the figure above since these MCPs had less than 100 responses for the Rating of Personal Doctor measure.

**Figure 5.16—Rating of Personal Doctor: Child Top-Box Scores (Reporting Unit Level)**



Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Rating of Personal Doctor measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Region 1
CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern	Health Net - Sacramento
Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare	HPSJ - Stanislaus
Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento	Partnership - Northeast	Partnership - Northwest
Partnership - Southeast	Aetna - Sacramento	Aetna - San Diego	UHC - San Diego	



## Summary of Results

There were three MCPs that scored significantly higher than the NCQA adult Medicaid national average:

- ◆ Blue Shield Promise
- ◆ CCHP
- ◆ Kaiser SoCal

There were seven MCPs that scored significantly lower than the NCQA adult Medicaid national average:

- ◆ Aetna
- ◆ Anthem
- ◆ CalViva
- ◆ Health Net
- ◆ HPSJ
- ◆ L.A. Care
- ◆ SCFHP

There was one MCP that scored significantly higher than the NCQA child Medicaid national average:

- ◆ Kaiser SoCal

There were three MCPs that scored significantly lower than the NCQA child Medicaid national average:

- ◆ CalViva
- ◆ HPSJ
- ◆ L.A. Care

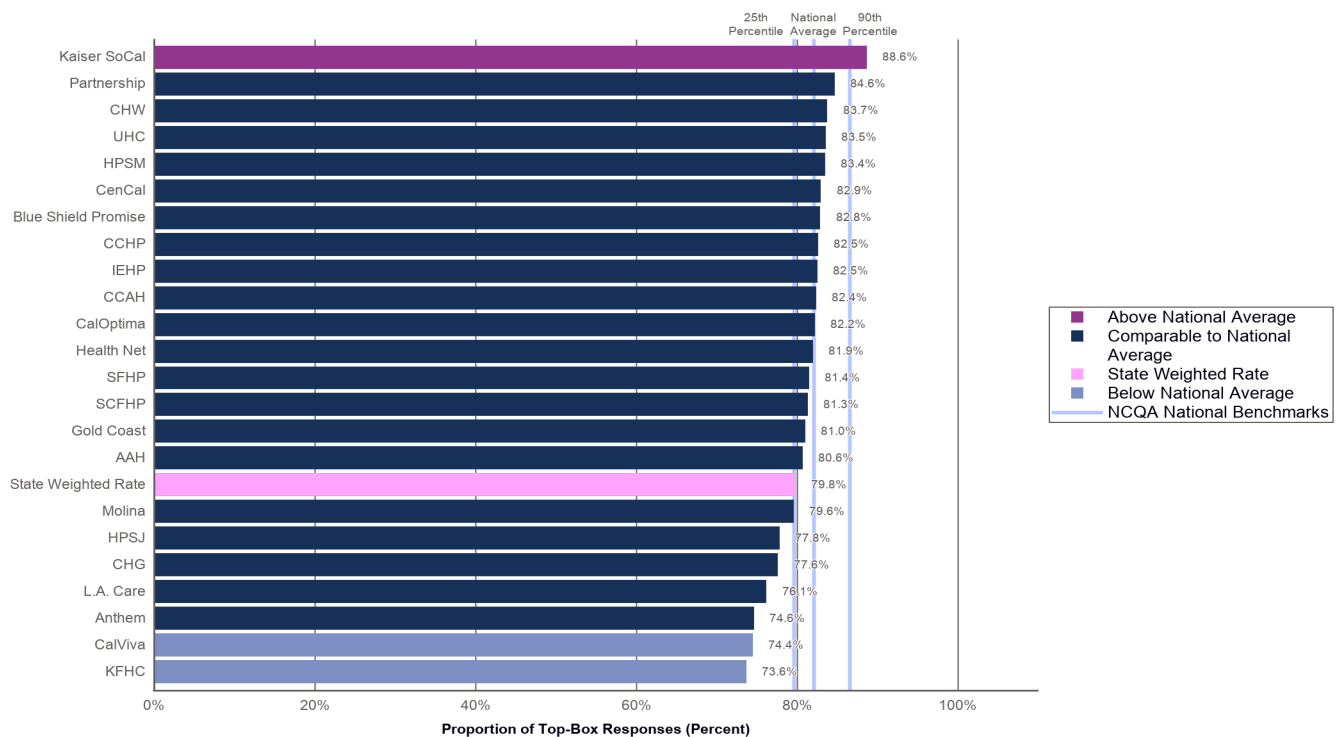
## Rating of Specialist Seen Most Often

### Measure Definition

MCMC beneficiaries were asked to rate the specialist seen most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.”

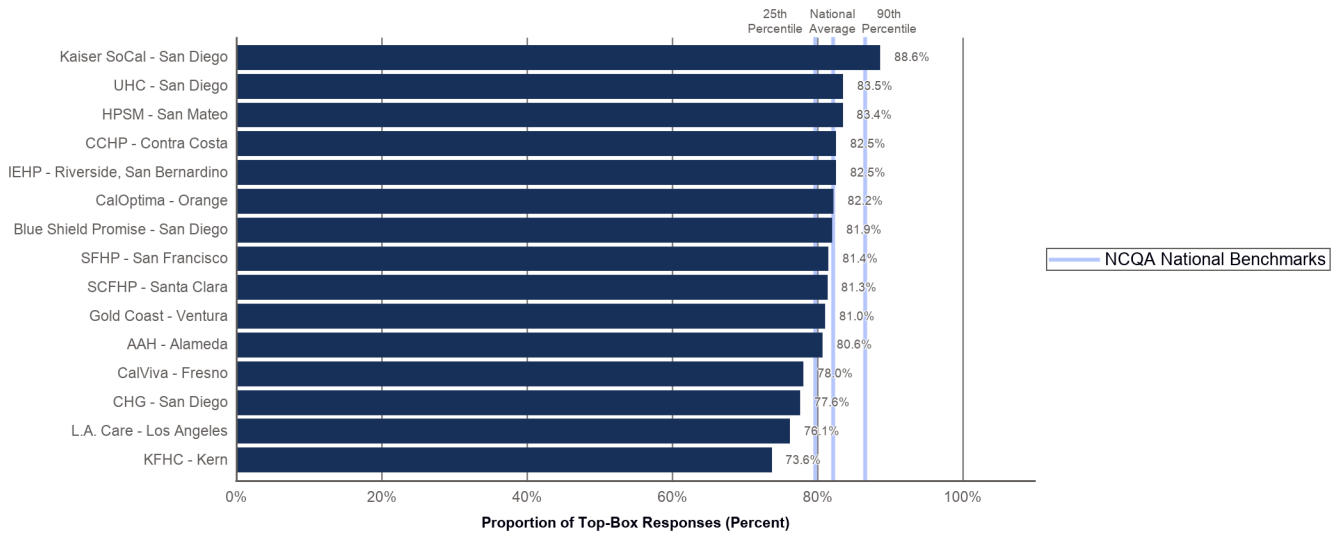
Figure 5.17 and Figure 5.18 show the adult MCP-level and reporting unit-level results for Rating of Specialist Seen Most Often, respectively.

**Figure 5.17—Rating of Specialist Seen Most Often: Adult Top-Box Scores (MCP Level)**



Scores for Aetna and Kaiser NorCal are not displayed in the figure above since these MCPs had less than 100 responses for the Rating of Specialist Seen Most Often measure.

**Figure 5.18—Rating of Specialist Seen Most Often: Adult Top-Box Scores (Reporting Unit Level)**



Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Rating of Specialist Seen Most Often measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - Santa Barbara	CenCal - San Luis Obispo	CAAH - Merced
CAAH - Monterey, Santa Cruz	CHW - Imperial	CHW - Region 1	CHW - Region 2	CalViva - Kings
CalViva - Madera	Health Net - Kern	Health Net - Los Angeles	Health Net - Sacramento	Health Net - San Diego
Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare	HPSJ - San Joaquin	HPSJ - Stanislaus
Kaiser NorCal - KP North	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento	Molina - San Diego

Partnership - Northeast	Partnership - Northwest	Partnership - Southeast	Partnership - Southwest	Aetna - Sacramento
Aetna - San Diego				

All MCPs and reporting units had less than 100 responses for the child population for the Rating of Specialist Seen Most Often measure.

### Summary of Results

There was one MCP that scored significantly higher than the NCQA adult Medicaid national average:

- ◆ Kaiser SoCal

There were two MCPs that scored significantly lower than the NCQA adult Medicaid national average:

- ◆ CalViva
- ◆ KFHC

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## Getting Needed Care

### Measure Definition

Two questions (Questions 14 and 25 in the CAHPS Adult Medicaid Health Plan Survey and Questions 14 and 28 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care.

### Survey Questions

#### Adult/Child Survey

**Question 14.** In the last 6 months, how often was it easy to get the care, tests, or treatment you [your child] needed?

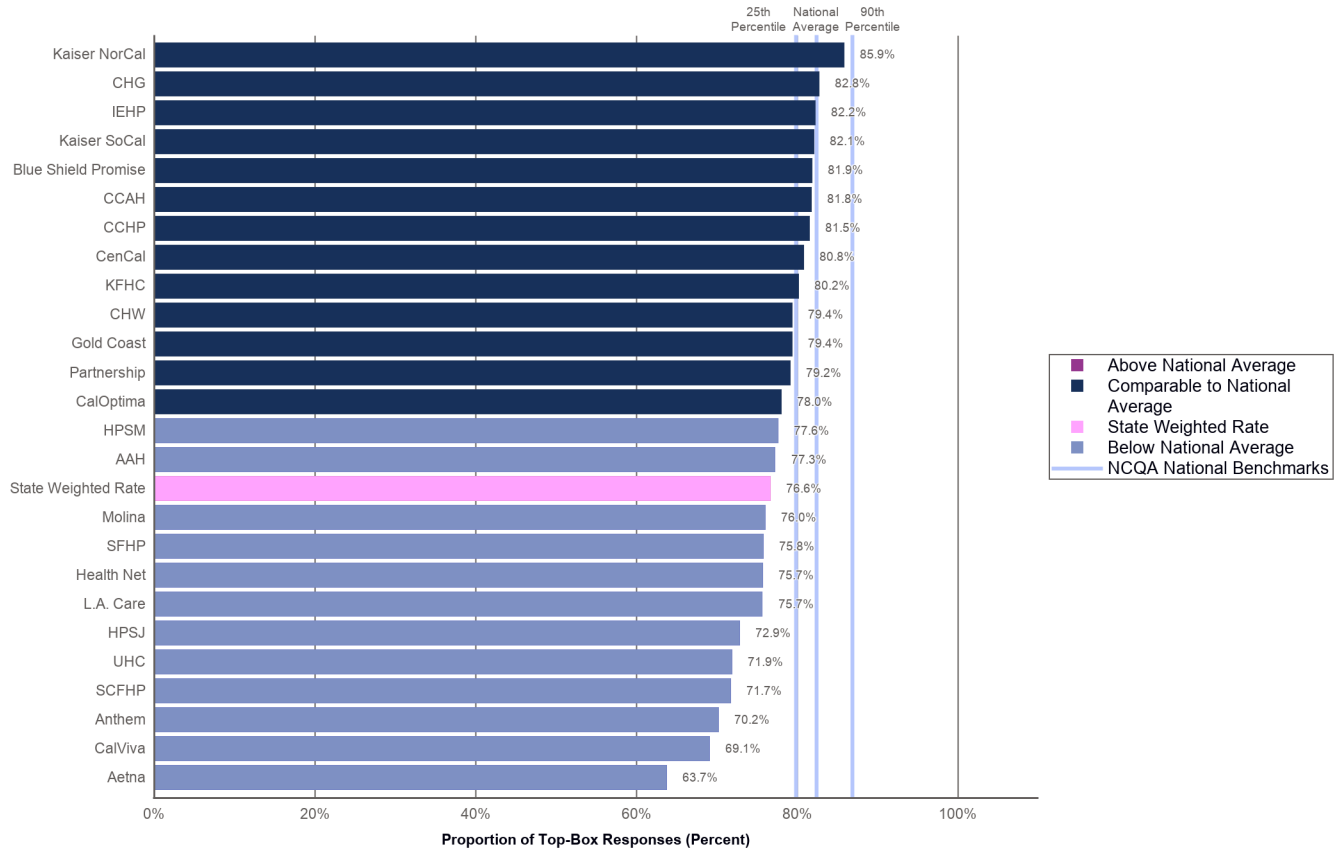
- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

**Question 25/28.** In the last 6 months, how often did you get an appointment [for your child] to see a specialist as soon as you needed?

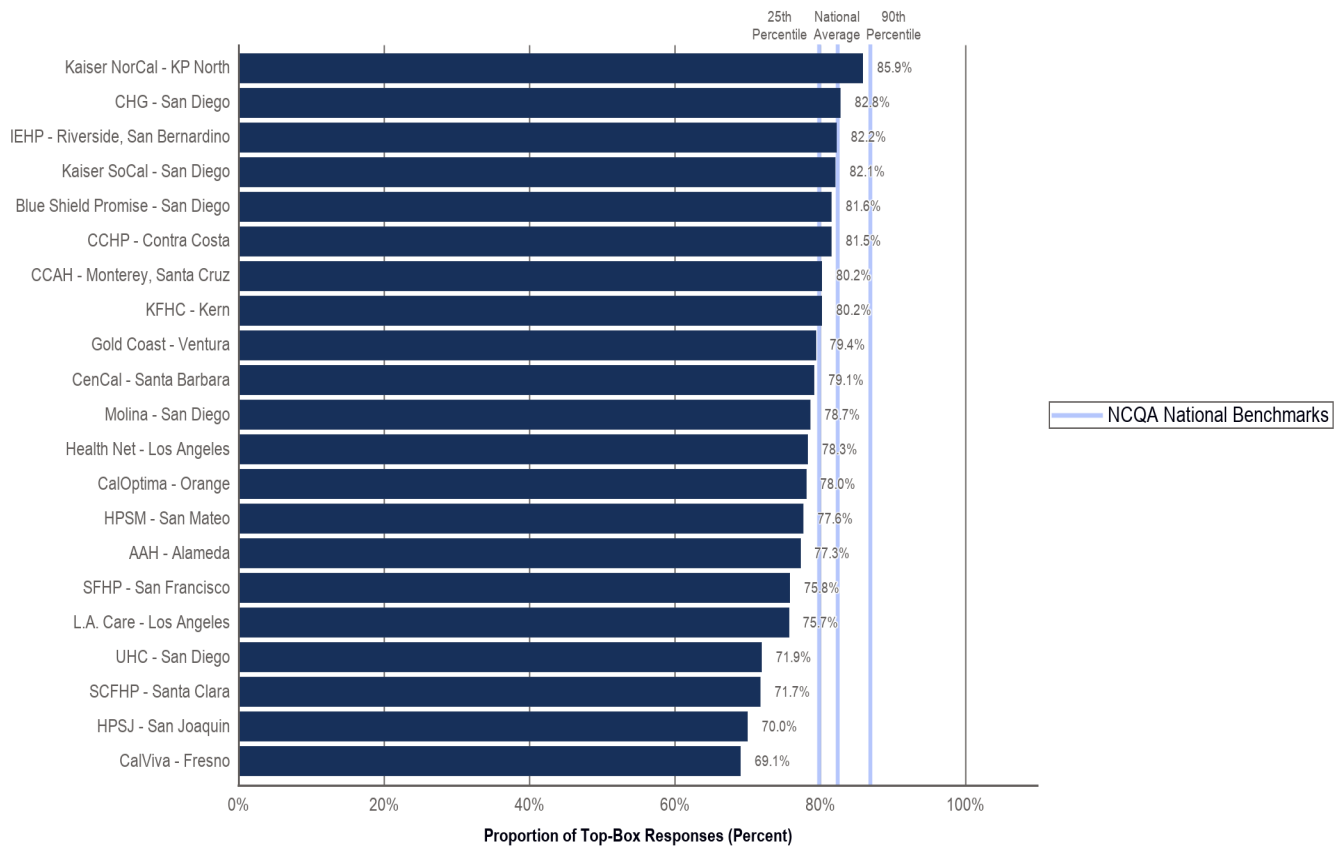
- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

Figure 5.19 and Figure 5.20 show the adult MCP-level and reporting unit-level results for Getting Needed Care, respectively.

**Figure 5.19—Getting Needed Care: Adult Top-Box Scores (MCP Level)**



**Figure 5.20—Getting Needed Care: Adult Top-Box Scores (Reporting Unit Level)**



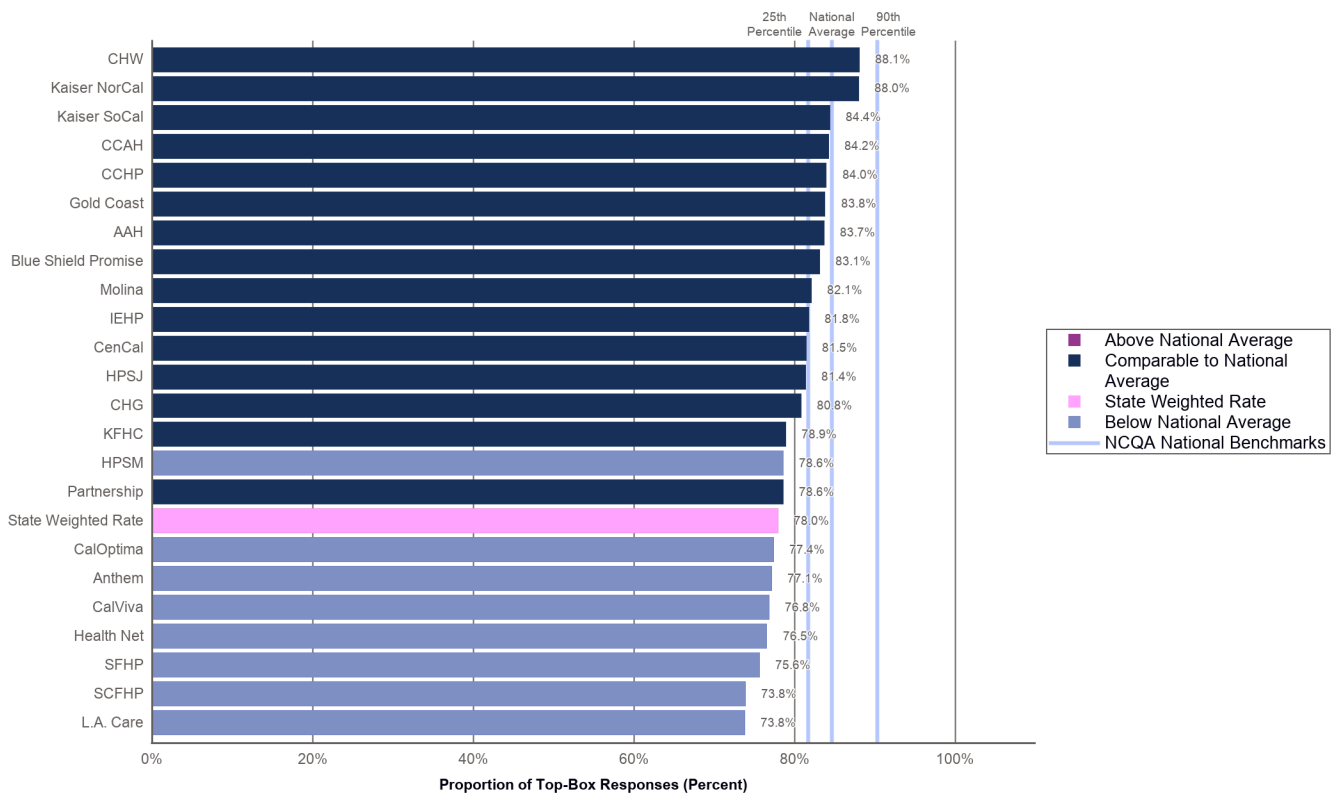
Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Getting Needed Care measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Imperial
CHW - Region 1	CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern
Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare

HPSJ - Stanislaus	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento	Partnership - Northeast
Partnership - Northwest	Partnership - Southeast	Partnership - Southwest	Aetna - Sacramento	Aetna - San Diego

Figure 5.21 and Figure 5.22 show the child MCP-level and reporting unit-level results for Getting Needed Care, respectively.

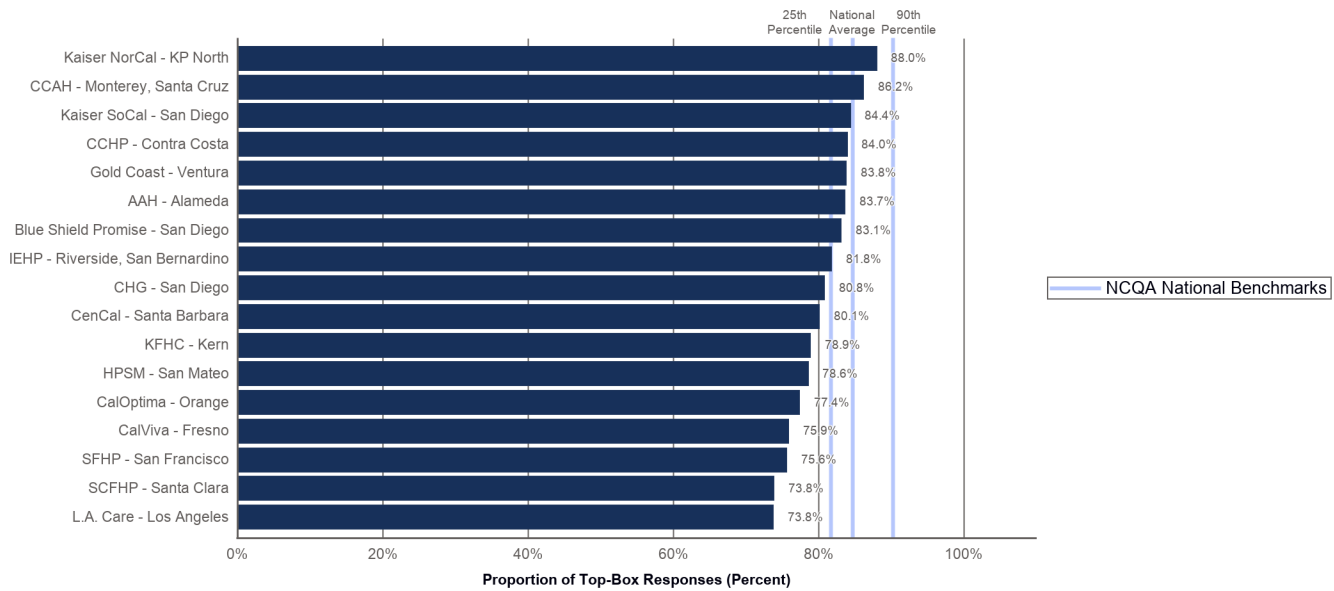
**Figure 5.21—Getting Needed Care: Child Top-Box Scores (MCP Level)**



Scores for Aetna and UHC are not displayed in the figure above since these MCPs had less than 100 responses for the Getting Needed Care measure.



**Figure 5.22—Getting Needed Care: Child Top-Box Scores (Reporting Unit Level)**



Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Getting Needed Care measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Imperial
CHW - Region 1	CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern
Health Net - Los Angeles	Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus
Health Net - Tulare	HPSJ - San Joaquin	HPSJ - Stanislaus	Molina - Imperial	Molina - Riverside, San Bernardino
Molina - Sacramento	Molina - San Diego	Partnership - Northeast	Partnership - Northwest	Partnership - Southeast
Partnership - Southwest	Aetna - Sacramento	Aetna - San Diego	UHC - San Diego	

## Summary of Results

There were no MCPs that scored significantly higher than the NCQA adult or child Medicaid national averages.

There were 12 MCPs that scored significantly lower than the NCQA adult Medicaid national average:

- ◆ Aetna
- ◆ AAH
- ◆ Anthem
- ◆ CalViva
- ◆ Health Net
- ◆ HPSJ
- ◆ HPSM
- ◆ L.A. Care
- ◆ Molina
- ◆ SCFHP
- ◆ SFHP
- ◆ UHC

There were eight MCPs that scored significantly lower than the NCQA child Medicaid national average:

- ◆ Anthem
- ◆ CalOptima
- ◆ CalViva
- ◆ Health Net
- ◆ HPSM
- ◆ L.A. Care
- ◆ SCFHP
- ◆ SFHP

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## Getting Care Quickly

### Measure Definition

Two questions (Questions 4 and 6 in the CAHPS Adult and Child Medicaid Health Plan Surveys) were asked to assess how often beneficiaries received care quickly.

### Survey Questions

#### Adult/Child Survey

**Question 4.** In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? [In the last 6 months, when your child needed care right away, how often did your child get care as soon as her or she needed?]

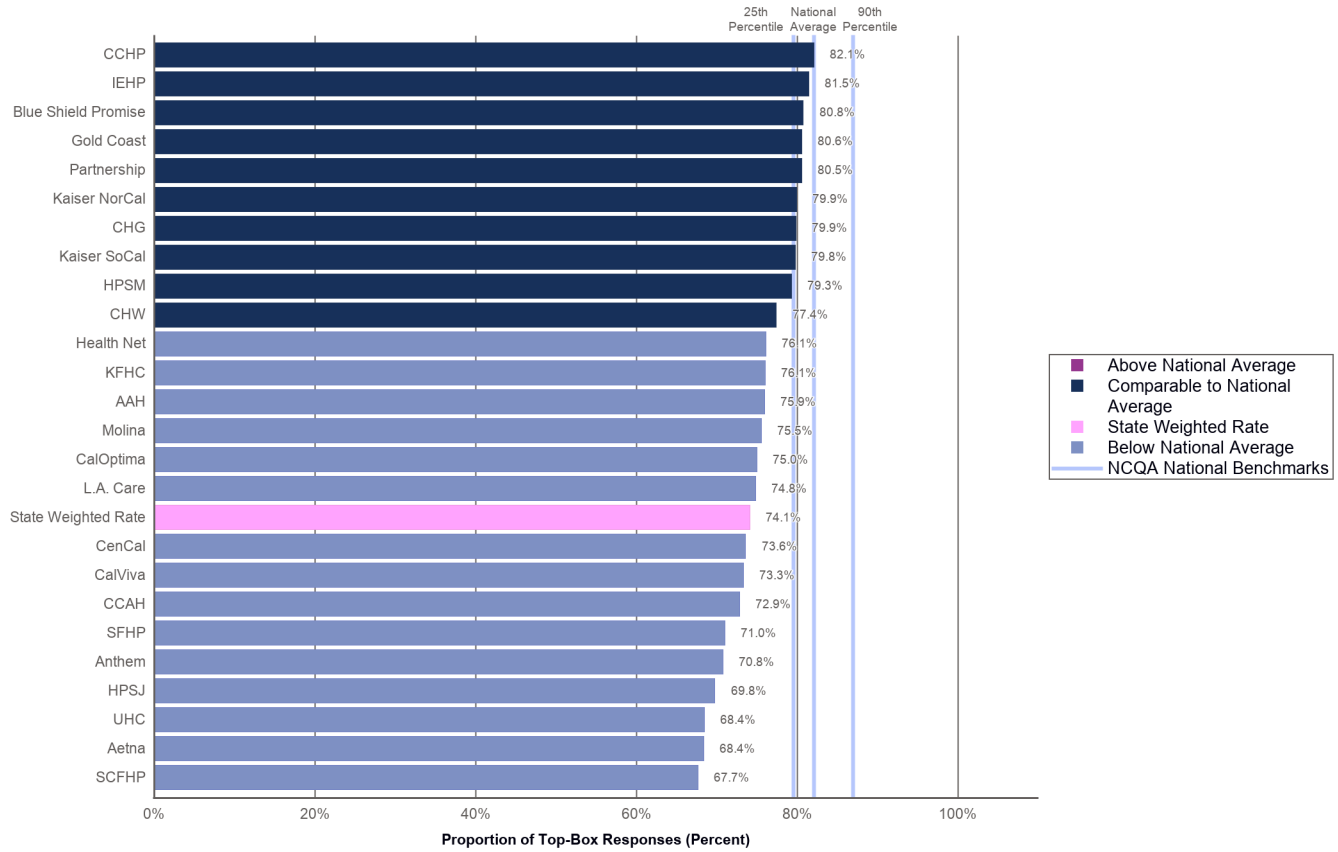
- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

**Question 6.** In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed? [In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?]

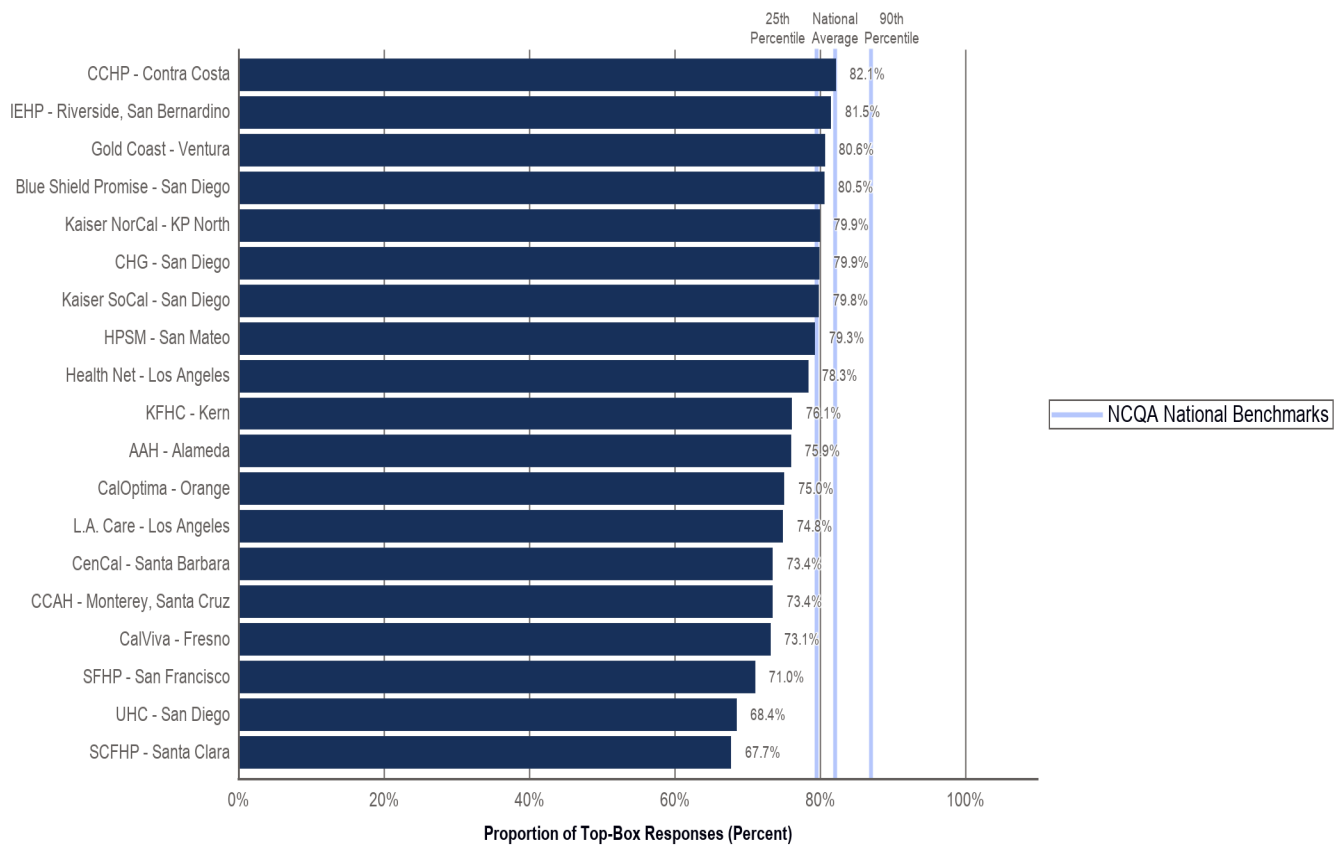
- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

Figure 5.23 and Figure 5.24 show the adult MCP-level and reporting unit-level results for Getting Care Quickly, respectively.

**Figure 5.23—Getting Care Quickly: Adult Top-Box Scores (MCP Level)**



**Figure 5.24—Getting Care Quickly: Adult Top-Box Scores (Reporting Unit Level)**



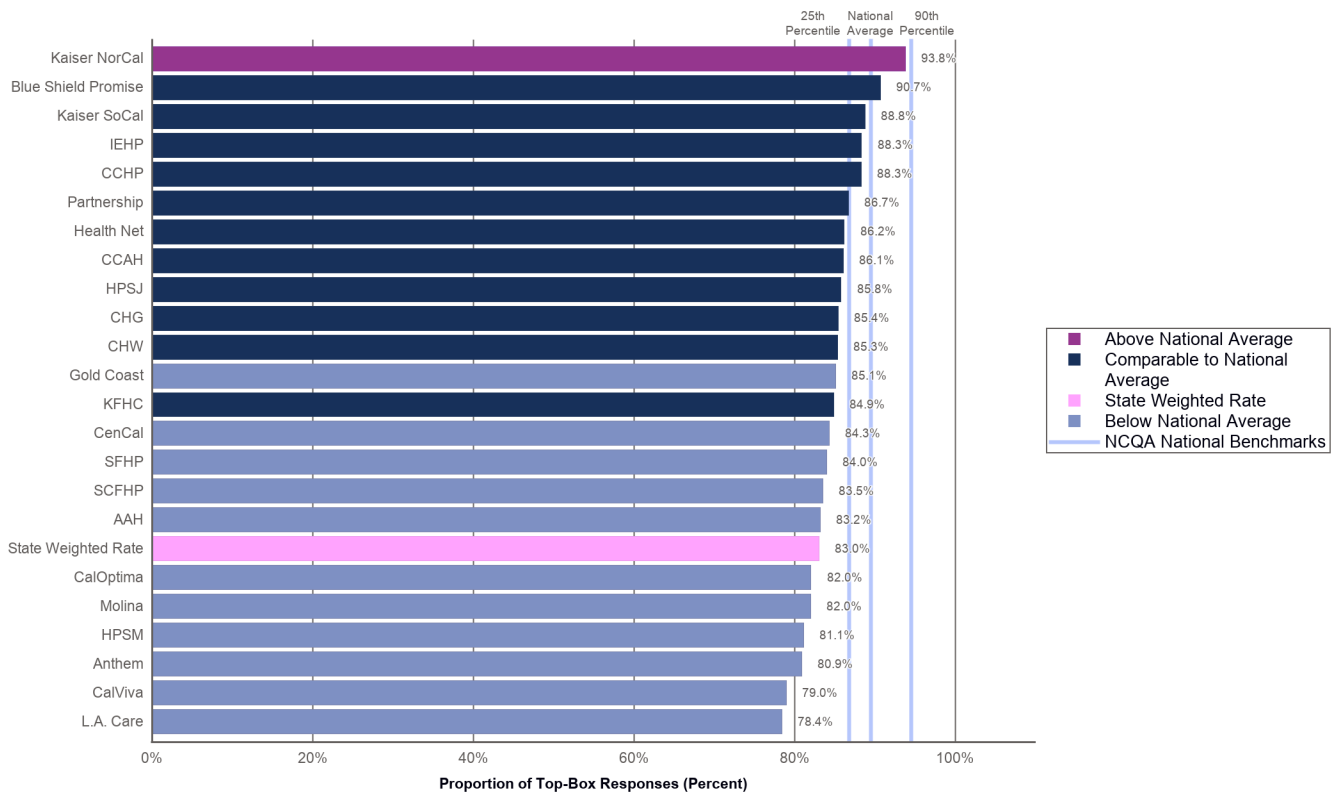
Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Getting Care Quickly measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Imperial
CHW - Region 1	CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern
Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare
HPSJ - San Joaquin	HPSJ - Stanislaus	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento

Molina - San Diego	Partnership - Northeast	Partnership - Northwest	Partnership - Southeast	Partnership - Southwest
Aetna - Sacramento	Aetna - San Diego			

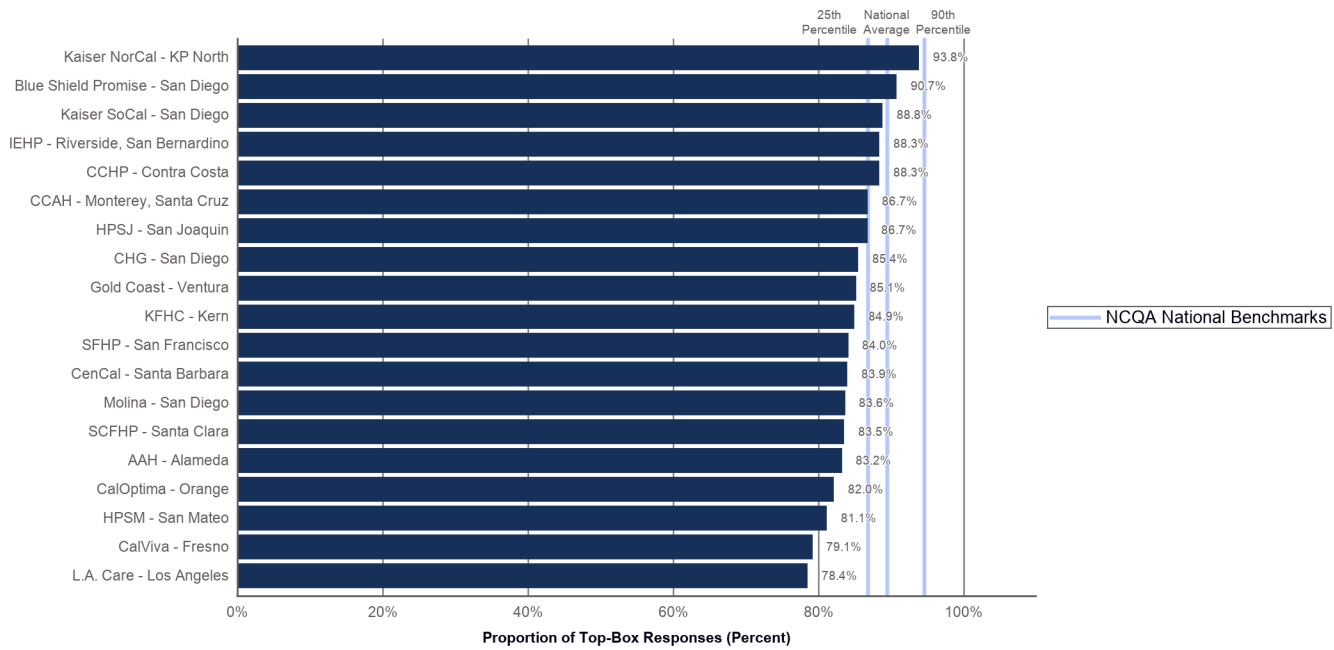
Figure 5.25 and Figure 5.26 show the child MCP-level and reporting unit-level results for Getting Care Quickly, respectively.

**Figure 5.25—Getting Care Quickly: Child Top-Box Scores (MCP Level)**



Scores for Aetna and UHC are not displayed in the figure above since these MCPs had less than 100 responses for the Getting Care Quickly measure.

**Figure 5.26—Getting Care Quickly: Child Top-Box Scores (Reporting Unit Level)**



Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Getting Care Quickly measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Imperial
CHW - Region 1	CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern
Health Net - Los Angeles	Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus
Health Net - Tulare	HPSJ - Stanislaus	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento
Partnership - Northeast	Partnership - Northwest	Partnership - Southeast	Partnership - Southwest	Aetna - Sacramento
Aetna - San Diego	UHC - San Diego			

## Summary of Results

There were no MCPs that scored significantly higher than the NCQA adult Medicaid national average.

There were 15 MCPs that scored significantly lower than the NCQA adult Medicaid national average:

- ◆ Aetna
- ◆ AAH
- ◆ Anthem
- ◆ CalOptima
- ◆ CalViva
- ◆ CCAH
- ◆ CenCal
- ◆ Health Net
- ◆ HPSJ
- ◆ KFHC
- ◆ L.A. Care
- ◆ Molina
- ◆ SCFHP
- ◆ SFHP
- ◆ UHC

There was one MCP that scored significantly higher than the NCQA child Medicaid national average:

- ◆ Kaiser NorCal

There were 11 MCPs that scored significantly lower than the NCQA child Medicaid national average:

- ◆ AAH
- ◆ Anthem
- ◆ CalOptima
- ◆ CalViva
- ◆ CenCal
- ◆ Gold Coast
- ◆ HPSM
- ◆ L.A. Care
- ◆ Molina



- ◆ SCFHP
- ◆ SFHP

## ***How Well Doctors Communicate***

### **Measure Definition**

Four questions (Questions 17, 18, 19, and 20 in the CAHPS Adult Medicaid Health Plan Survey and Questions 17, 18, 19, and 22 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often doctors communicated well.

### **Survey Questions**

#### **Adult/Child Survey**

**Question 17.** In the last 6 months, how often did your [your child's] personal doctor explain things [about your child's health] in a way that was easy to understand?

- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

**Question 18.** In the last 6 months, how often did your [your child's] personal doctor listen carefully to you?

- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

**Question 19.** In the last 6 months, how often did your [your child's] personal doctor show respect for what you had to say?

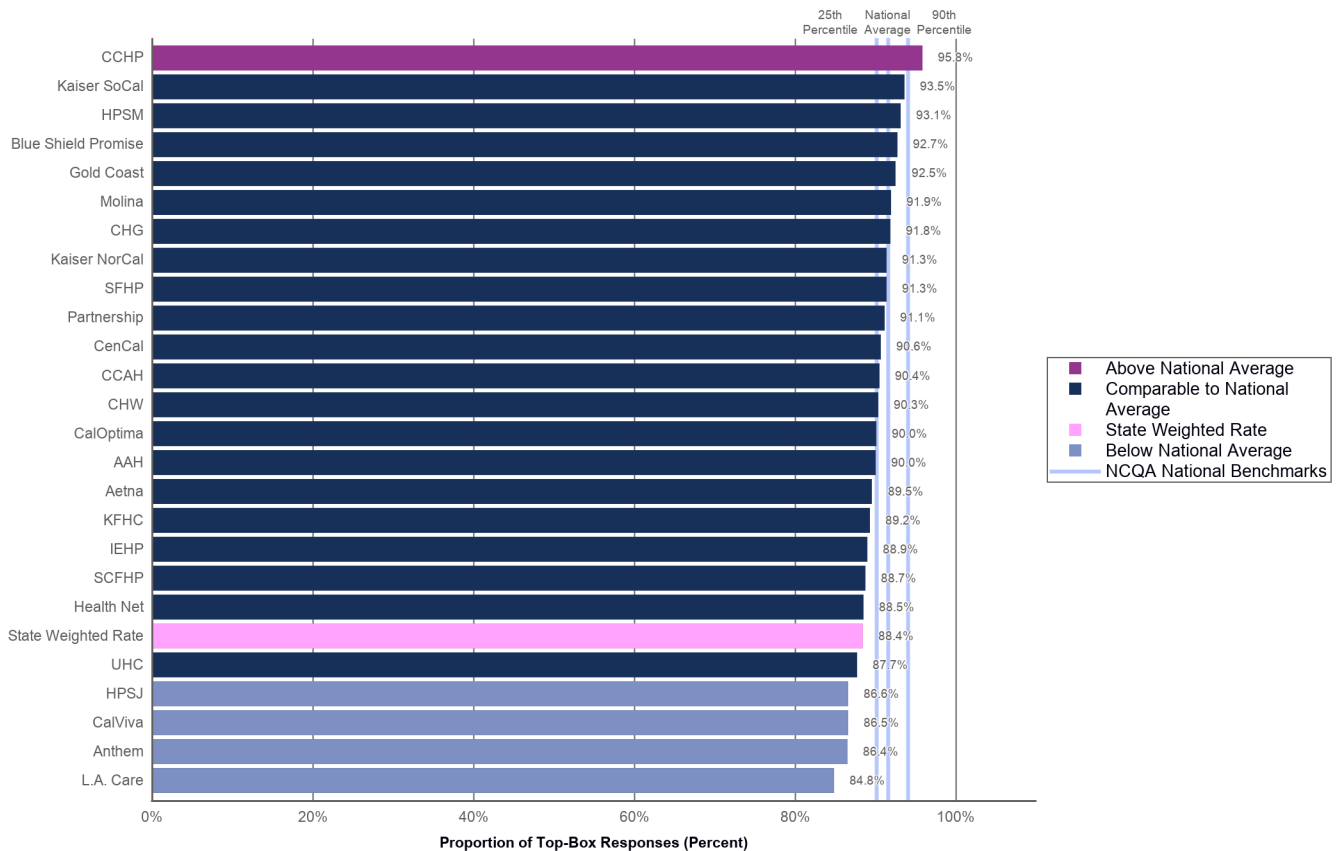
- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

**Question 20/22.** In the last 6 months, how often did your [your child's] personal doctor spend enough time with you [your child]?

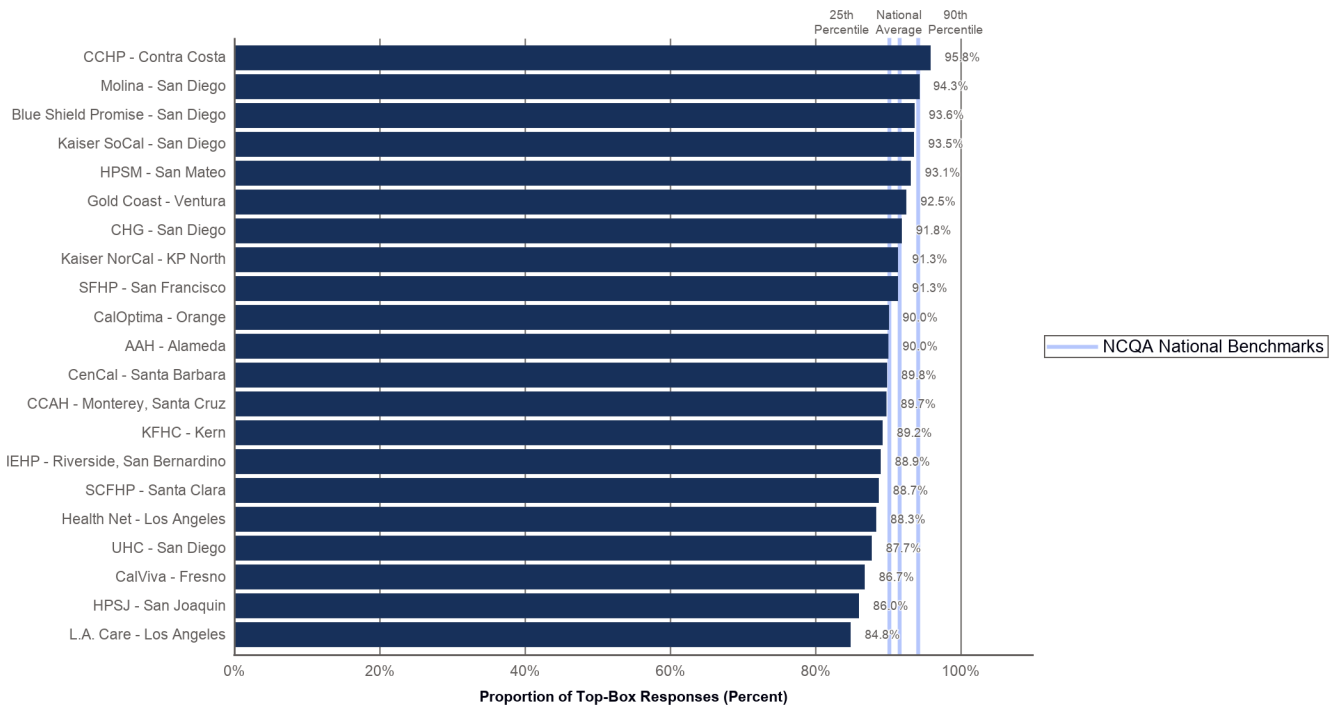
- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

Figure 5.27 and Figure 5.28 show the adult MCP-level and reporting unit-level results for How Well Doctors Communicate, respectively.

**Figure 5.27—How Well Doctors Communicate: Adult Top-Box Scores (MCP Level)**



**Figure 5.28—How Well Doctors Communicate: Adult Top-Box Scores (Reporting Unit Level)**

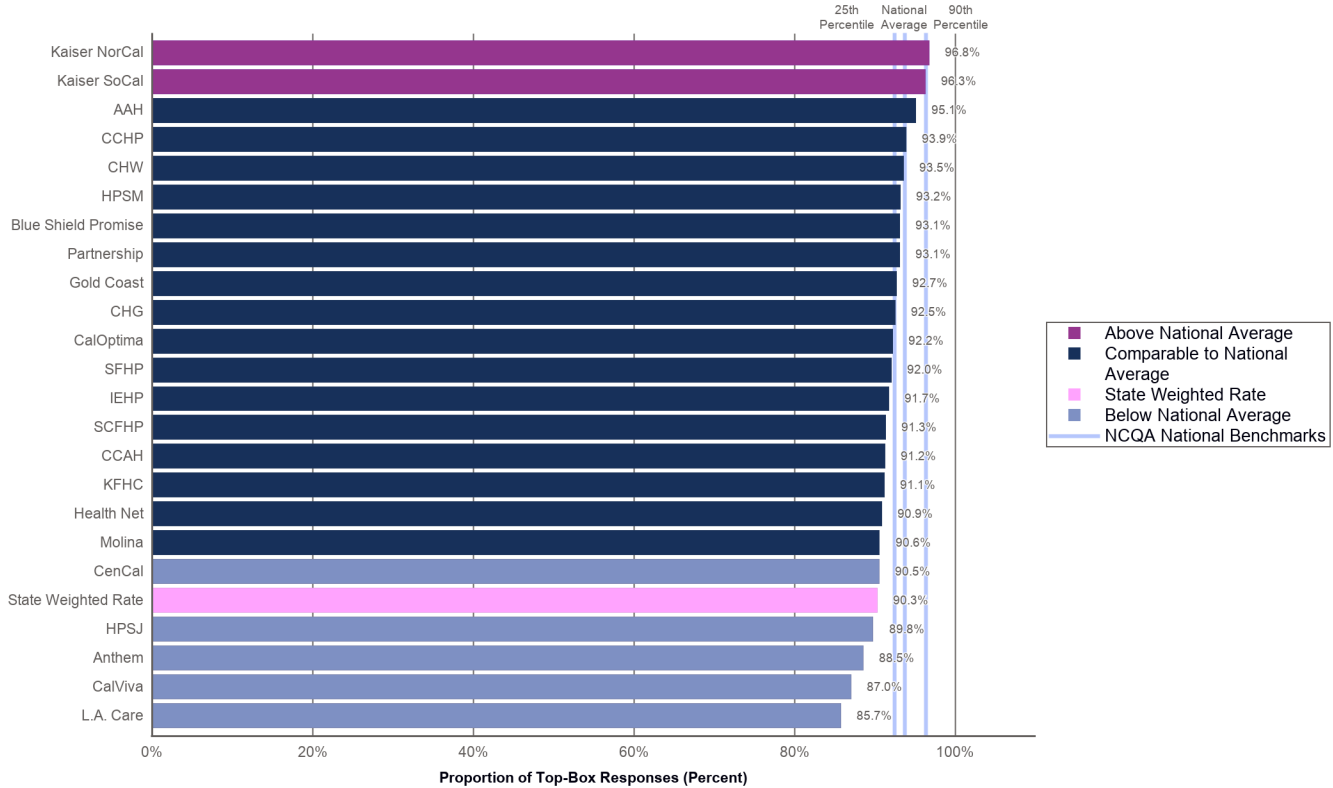


Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the How Well Doctors Communicate measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Imperial
CHW - Region 1	CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern
Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare
HPSJ - Stanislaus	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento	Partnership - Northeast
Partnership - Northwest	Partnership - Southeast	Partnership - Southwest	Aetna - Sacramento	Aetna - San Diego

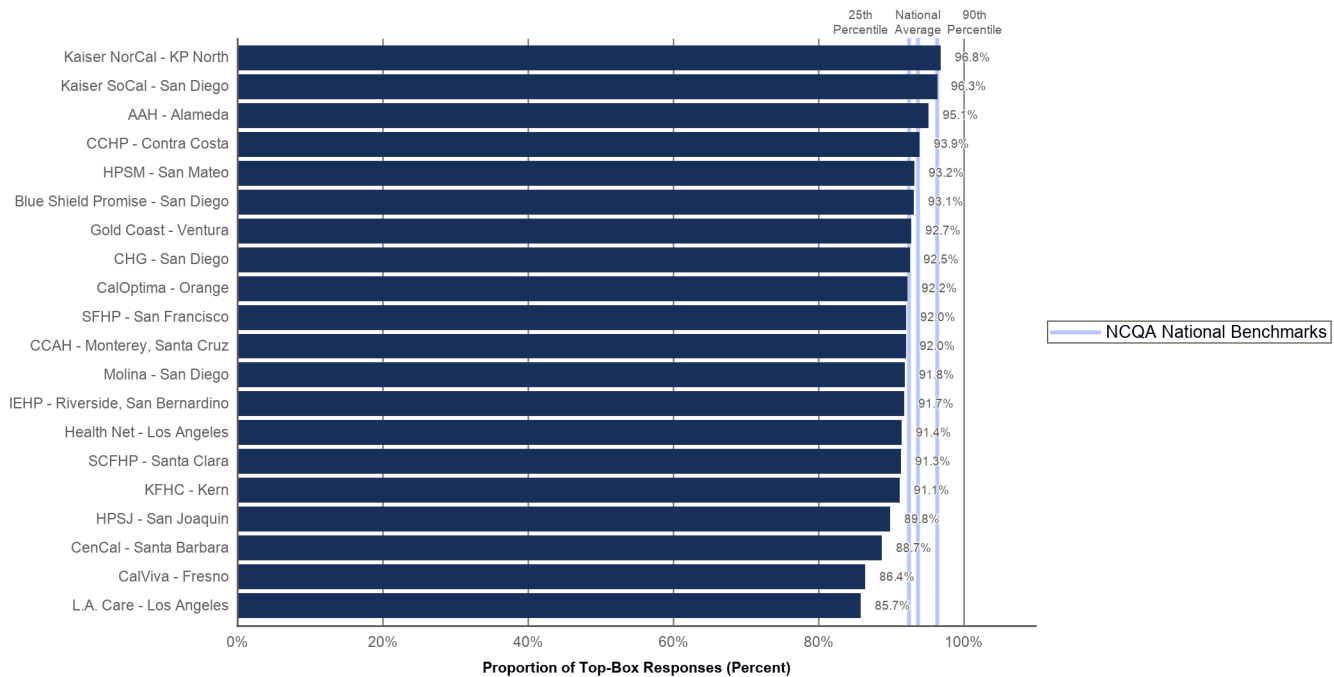
Figure 5.29 and Figure 5.30 show the child MCP-level and reporting unit-level results for How Well Doctors Communicate, respectively.

**Figure 5.29—How Well Doctors Communicate: Child Top-Box Scores (MCP Level)**



Scores for Aetna and UHC are not displayed in the figure above since these MCPs had less than 100 responses for the How Well Doctors Communicate measure.

**Figure 5.30—How Well Doctors Communicate: Child Top-Box Scores (Reporting Unit Level)**



Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the How Well Doctors Communicate measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - San Luis Obispo	CCAH - Merced	CHW - Imperial
CHW - Region 1	CHW - Region 2	CalViva - Kings	CalViva - Madera	Health Net - Kern
Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare
HPSJ - Stanislaus	Molina - Imperial	Molina - Riverside, San Bernardino	Molina - Sacramento	Partnership - Northeast

Partnership - Northwest	Partnership - Southeast	Partnership - Southwest	Aetna - Sacramento	Aetna - San Diego
UHC - San Diego				

### Summary of Results

There was one MCP that scored significantly higher than the NCQA adult Medicaid national average:

- ◆ CCHP

There were four MCPs that scored significantly lower than the NCQA adult Medicaid national average:

- ◆ Anthem
- ◆ CalViva
- ◆ HPSJ
- ◆ L.A. Care

There were two MCPs that scored significantly higher than the NCQA child Medicaid national average:

- ◆ Kaiser NorCal
- ◆ Kaiser SoCal

There were five MCPs that scored significantly lower than the NCQA child Medicaid national average:

- ◆ Anthem
- ◆ CalViva
- ◆ CenCal
- ◆ HPSJ
- ◆ L.A. Care

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## Customer Service

### Measure Definition

Two questions (Questions 31 and 32 in the CAHPS Adult Medicaid Health Plan Survey and Questions 32 and 33 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often beneficiaries were satisfied with customer service.

### Survey Questions

#### Adult/Child Survey

**Question 31/32.** In the last 6 months, how often did your health plan's customer service give you the information or help you needed? [In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?]

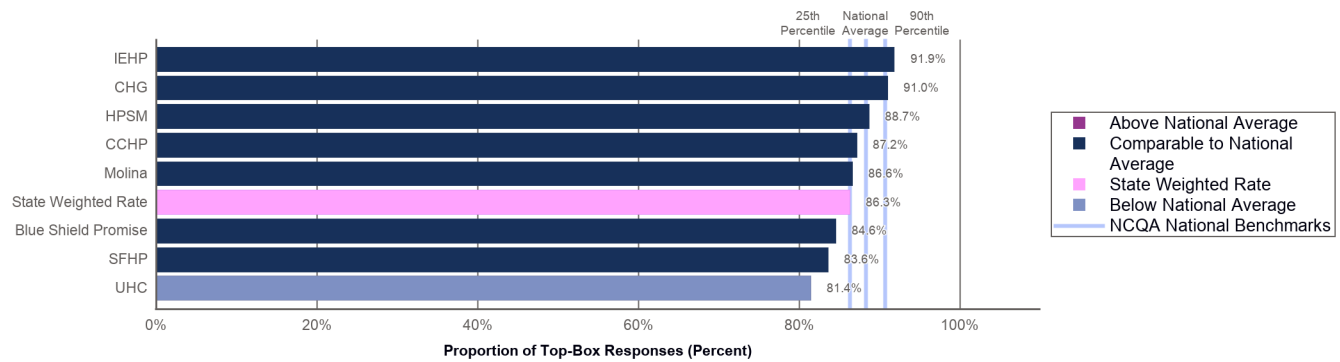
- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

**Question 32/33.** In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? [In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?]

- ◆ Never
- ◆ Sometimes
- ◆ Usually
- ◆ Always

Figure 5.31 and Figure 5.32 show the adult MCP-level and reporting unit-level results for Customer Service, respectively.

**Figure 5.31—Customer Service: Adult Top-Box Scores (MCP Level)**

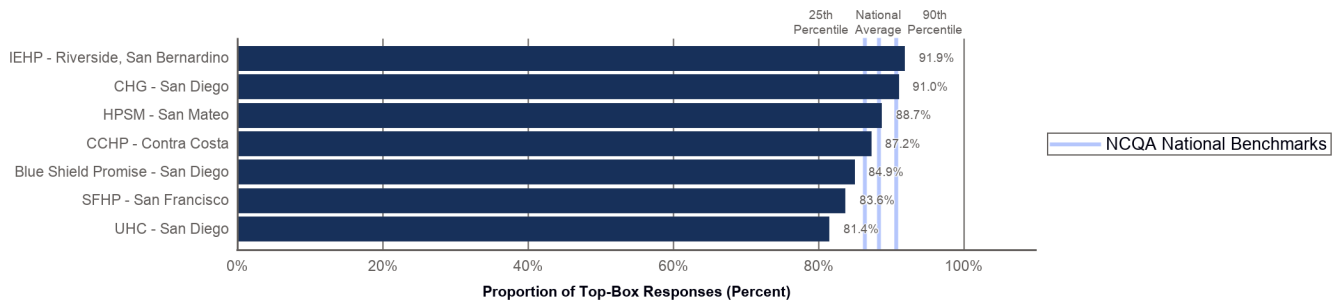


Scores for the following MCPs are not displayed in the figure above since these MCPs had less than 100 responses for the Customer Service measure:

Aetna	AAH	Anthem	CalOptima	CalViva
CCAH	CenCal	CHW	Gold Coast	Health Net
HPSJ	Kaiser NorCal	Kaiser SoCal	KFHC	L.A. Care
Partnership	SCFHP			



**Figure 5.32—Customer Service: Adult Top-Box Scores (Reporting Unit Level)**

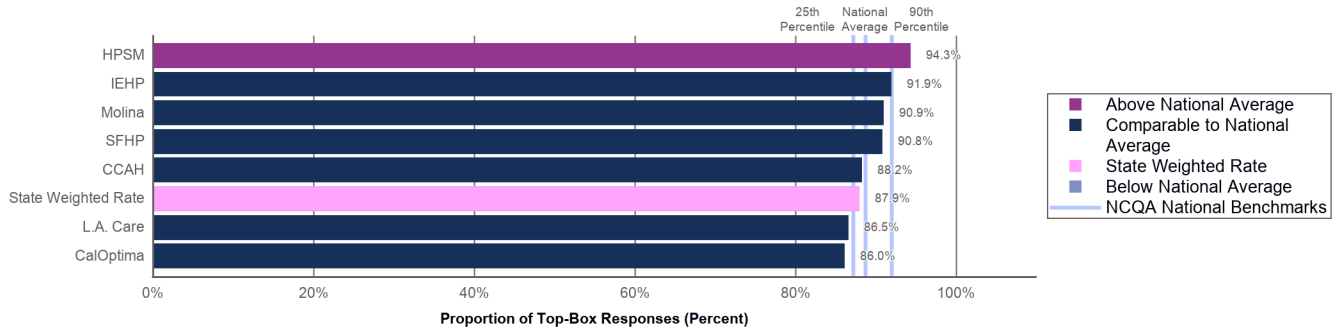


Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Customer Service measure:

AAH - Alameda	Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings
Anthem - Madera	Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara
Anthem - San Francisco	Anthem - San Benito	Anthem - Tulare	CalOptima - Orange	CenCal - Santa Barbara
CenCal - San Luis Obispo	CCAH - Merced	CCAH - Monterey, Santa Cruz	CHW - Imperial	CHW - Region 1
CHW - Region 2	CalViva - Fresno	CalViva - Kings	CalViva - Madera	Gold Coast - Ventura
Health Net - Kern	Health Net - Los Angeles	Health Net - Sacramento	Health Net - San Diego	Health Net - San Joaquin
Health Net - Stanislaus	Health Net - Tulare	HPSJ - San Joaquin	HPSJ - Stanislaus	Kaiser NorCal - KP North
Kaiser SoCal - San Diego	KFHC - Kern	L.A. Care - Los Angeles	Molina - Imperial	Molina - Riverside, San Bernardino
Molina - Sacramento	Molina - San Diego	Partnership - Northeast	Partnership - Northwest	Partnership - Southeast
Partnership - Southwest	SCFHP - Santa Clara	Aetna - Sacramento	Aetna - San Diego	

Figure 5.33 and Figure 5.34 show the child MCP-level and reporting unit-level results for Customer Service, respectively.

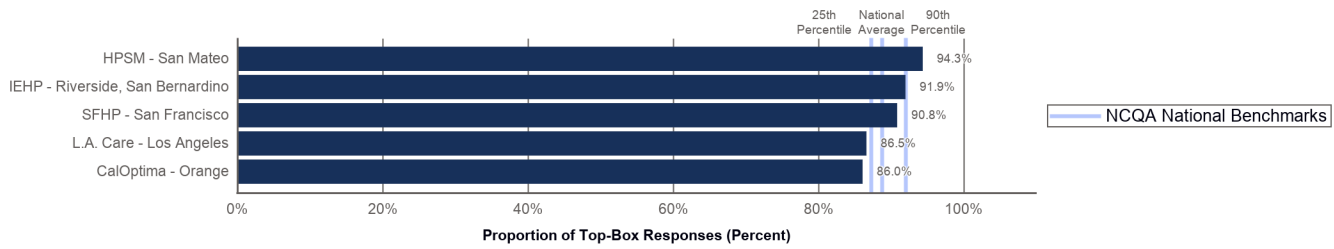
**Figure 5.33—Customer Service: Child Top-Box Scores (MCP Level)**



Scores for the following MCPs are not displayed in the figure above since these MCPs had less than 100 responses for the Customer Service measure:

Aetna	AAH	Anthem	Blue Shield Promise	CalViva
CCHP	CenCal	CHG	CHW	Gold Coast
Health Net	HPSJ	Kaiser NorCal	Kaiser SoCal	KFHC
Partnership	SCFHP	UHC		

**Figure 5.34—Customer Service: Child Top-Box Scores (Reporting Unit Level)**



Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Customer Service measure:

AAH - Alameda	Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings
Anthem - Madera	Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara
Anthem - San Francisco	Anthem - San Benito	Anthem - Tulare	Blue Shield Promise - San Diego	CenCal - Santa Barbara
CenCal - San Luis Obispo	CCAH - Merced	CCAH - Monterey, Santa Cruz	CHW - Imperial	CHW - Region 1
CHW - Region 2	CHG - San Diego	CCHP - Contra Costa	CalViva - Fresno	CalViva - Kings
CalViva - Madera	Gold Coast - Ventura	Health Net - Kern	Health Net - Los Angeles	Health Net - Sacramento
Health Net - San Diego	Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare	HPSJ - San Joaquin
HPSJ - Stanislaus	Kaiser NorCal - KP North	Kaiser SoCal - San Diego	KFHC - Kern	Molina - Imperial
Molina - Riverside, San Bernardino	Molina - Sacramento	Molina - San Diego	Partnership - Northeast	Partnership - Northwest
Partnership - Southeast	Partnership - Southwest	SCFHP - Santa Clara	Aetna - Sacramento	Aetna - San Diego
UHC - San Diego				

## Summary of Results

There were no MCPs that scored significantly higher than the NCQA adult Medicaid national average.

There was one MCP that scored significantly lower than the NCQA adult Medicaid national average:

- ◆ UHC

There was one MCP that scored significantly higher than the NCQA child Medicaid national average:

- ◆ HPSM

There were no MCPs that scored significantly lower than the NCQA child Medicaid national average.

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## Shared Decision Making

### Measure Definition

Three questions (Questions 10, 11, and 12 in the CAHPS Adult and Child Medicaid Health Plan Surveys) were asked regarding the involvement of a beneficiary in taking or not taking a prescription medicine and starting or stopping a prescription medicine.

### Survey Questions

#### Adult/Child Survey

**Question 10.** Did you and a doctor or other health provider talk about the reasons you might want [your child] to take a medicine?

- ◆ Yes
- ◆ No

**Question 11.** Did you and a doctor or other health provider talk about the reasons you might not want [your child] to take a medicine?

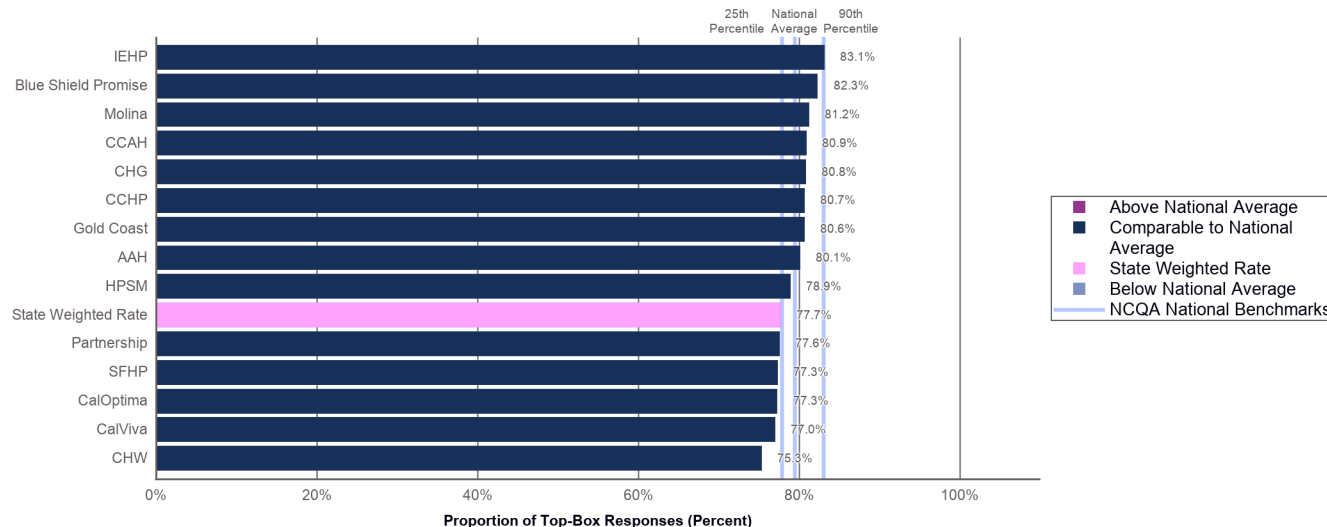
- ◆ Yes
- ◆ No

**Question 12.** When you talked about [your child] starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you [your child]?

- ◆ Yes
- ◆ No

Figure 5.35 and Figure 5.36 show the adult MCP-level and reporting unit-level results for Shared Decision Making, respectively.

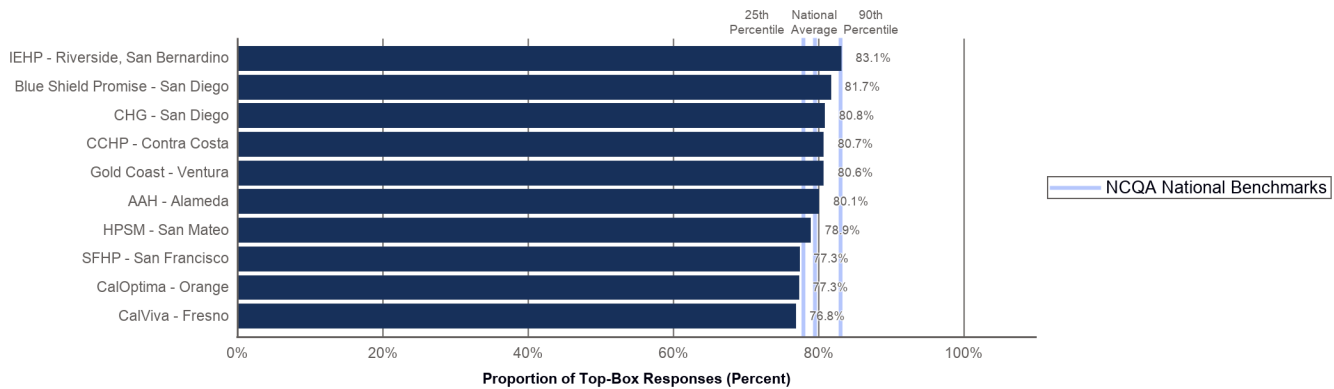
**Figure 5.35—Shared Decision Making: Adult Top-Box Scores (MCP Level)**



Scores for the following MCPs are not displayed in the figure above since these MCPs had less than 100 responses for the Shared Decision Making measure:

Aetna	Anthem	CenCal	Health Net	HPSJ
Kaiser NorCal	Kaiser SoCal	KFHC	L.A. Care	SCFHP
UHC				

**Figure 5.36—Shared Decision Making: Adult Top-Box Scores (Reporting Unit Level)**



Scores for the following reporting units are not displayed in the figure above since these reporting units had less than 100 responses for the Shared Decision Making measure:

Anthem - Alameda	Anthem - Contra Costa	Anthem - Fresno	Anthem - Kings	Anthem - Madera
Anthem - Region 1	Anthem - Region 2	Anthem - Sacramento	Anthem - Santa Clara	Anthem - San Francisco
Anthem - San Benito	Anthem - Tulare	CenCal - Santa Barbara	CenCal - San Luis Obispo	CCAH - Merced
CCAH - Monterey, Santa Cruz	CHW - Imperial	CHW - Region 1	CHW - Region 2	CalViva - Kings
CalViva - Madera	Health Net - Kern	Health Net - Los Angeles	Health Net - Sacramento	Health Net - San Diego
Health Net - San Joaquin	Health Net - Stanislaus	Health Net - Tulare	HPSJ - San Joaquin	HPSJ - Stanislaus
Kaiser NorCal - KP North	Kaiser SoCal - San Diego	KFHC - Kern	L.A. Care - Los Angeles	Molina - Imperial
Molina - Riverside, San Bernardino	Molina - Sacramento	Molina - San Diego	Partnership - Northeast	Partnership - Northwest
Partnership - Southeast	Partnership - Southwest	SCFHP - Santa Clara	Aetna - Sacramento	Aetna - San Diego
UHC - San Diego				

All MCPs and reporting units had less than 100 responses for the child population for the Shared Decision Making measure.

### **Summary of Results**

There were no MCPs that scored significantly higher or lower than the NCQA adult Medicaid national average.



## 6. Conclusions and Considerations

### Medi-Cal Managed Care Performance

HSAG used the results from the State weighted rates and State Comparisons analyses to identify notable results. HSAG also used the results to identify opportunities for improvement for DHCS' consideration as DHCS engages with MCPs on quality improvement strategies.

HSAG concluded the survey respondent populations and sample frame populations were similar based on the respondent analysis results.

HSAG observed the following notable results for the adult population:

- ◆ Kaiser SoCal scored significantly above the 2018 NCQA adult Medicaid national averages on all four global ratings.
- ◆ The following MCPs scored above the 2018 NCQA adult Medicaid 90th percentiles:
  - Blue Shield Promise (Rating of Personal Doctor)
  - CCHP (Rating of Personal Doctor, How Well Doctors Communicate)
  - IEHP (Rating of Health Plan)
  - Kaiser SoCal (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often)

HSAG observed the following notable results for the child population:

- ◆ Kaiser SoCal scored significantly above the 2018 NCQA child Medicaid national averages on the three reportable global ratings and How Well Doctors Communicate composite measure.
- ◆ Kaiser NorCal scored significantly above the 2018 NCQA child Medicaid national averages on two global ratings (Rating of Health Plan and Rating of All Health Care) and two composite measures (Getting Care Quickly and How Well Doctors Communicate).
- ◆ The following MCPs scored at or above the 2018 NCQA adult Medicaid 90th percentiles:
  - HPSM (Customer Service)
  - Kaiser NorCal (Rating of Health Plan, Rating of All Health Care, How Well Doctors Communicate)
  - Kaiser SoCal (Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor)

The following findings indicate opportunities for improvement in beneficiary experience for several areas of care for the adult population:

- ◆ The adult State weighted rate was below the 2018 NCQA adult Medicaid national 25th percentiles for all measures except Rating of Specialist Seen Most Often.
- ◆ Anthem scored significantly below the 2018 NCQA adult Medicaid national averages for six of the nine measures for the adult population:
  - Rating of Health Plan
  - Rating of All Health Care
  - Rating of Personal Doctor
  - Getting Needed Care
  - Getting Care Quickly
  - How Well Doctors Communicate
- ◆ CalViva scored significantly below the 2018 NCQA adult Medicaid national averages for six of the nine measures for the adult population:
  - Rating of All Health Care
  - Rating of Personal Doctor
  - Rating of Specialist Seen Most Often
  - Getting Needed Care
  - Getting Care Quickly
  - How Well Doctors Communicate

The following findings indicate opportunities for improvement in beneficiary experience for several areas of care for the child population:

- ◆ The child State weighted rate was below the 2018 NCQA child Medicaid national 25th percentiles for all measures except Rating of Specialist Seen Most Often and Customer Service.
- ◆ CalViva scored significantly below the 2018 NCQA child Medicaid national averages for five of the seven reportable measures for the child population:
  - Rating of All Health Care
  - Rating of Personal Doctor
  - Getting Needed Care
  - Getting Care Quickly
  - How Well Doctors Communicate
- ◆ Anthem scored significantly below the 2018 NCQA child Medicaid national averages for four of the seven reportable measures for the child population:
  - Rating of Health Plan
  - Getting Needed Care
  - Getting Care Quickly

- How Well Doctors Communicate
- ◆ L.A. Care scored significantly below the 2018 NCQA child Medicaid national averages for five of the seven reportable measures for the child population:
  - Rating of Health Plan
  - Rating of Personal Doctor
  - Getting Needed Care
  - Getting Care Quickly
  - How Well Doctors Communicate

Differences in scores should be evaluated from a clinical perspective. While the adult and child population results may be above or below the national averages, differences in scores may not be important from a clinical point of view.

HSAG observed the following differences in scores for the adult population:

- ◆ The gaps between the Medicaid national 25th and 90th percentiles were on average 6.5 percentage points, indicating that the distributions of national performance were close together.
- ◆ The differences between the NCQA Medicaid national averages and the Medicaid national 25th percentiles ranged from 1.4 percentage points to 2.9 percentage points, with an average of 2.3 percentage points.
- ◆ The differences between the adult population's State weighted rates and the Medicaid national averages ranged from 1.8 percentage points to 8.0 percentage points below the Medicaid national average, with an average of 4.1 percentage points below the Medicaid national averages.

HSAG observed the following differences in scores for the child population:

- ◆ The gaps between the Medicaid national 25th and 90th percentiles were on average 6.2 percentage points, indicating that the distributions of national performance were close together.
- ◆ The differences between the NCQA child Medicaid national averages and the child Medicaid national 25th percentiles ranged from 1.3 percentage points to 3.0 percentage points, with an average of 2.1 percentage points.
- ◆ The differences between the child population's State weighted rates and the child Medicaid national averages ranged from 0.8 percentage points to 6.7 percentage points below the child Medicaid national averages, with an average of 3.5 percentage points below the child Medicaid national averages.

## Considerations

Based on the 2019 CAHPS results and HSAG's comparison of the 2019 results to previous years, HSAG has a new consideration for DHCS to help increase response rates. HSAG suggests that DHCS work with the MCPs to determine the causes for the incomplete and inaccurate contact information for adult and child beneficiaries and determine the actions needed to improve the completeness and accuracy of these data. Improving the completeness and accuracy of the contact information may decrease the number of undeliverable surveys and increase the response rates.

## 7. Survey Instruments

HSAG selected the following survey instruments: CAHPS 5.0 Adult Medicaid and CAHPS 5.0 Child Medicaid Health Plan Surveys with the HEDIS supplemental item set. This section provides copies of the survey instruments.



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

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

If you want to know more about this study, please call 1-888-248-5294.

**SURVEY INSTRUCTIONS**

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



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



↓ **START HERE** ↓

1. Our records show that you are now in [HEALTH PLAN NAME]. 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 needed?

Never  
 Sometimes  
 Usually  
 Always

5. In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

Yes  
 No → *Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as 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 15*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

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

Yes  
 No

9. In the last 6 months, did you and a doctor or other health provider talk about starting or stopping a prescription medicine?

Yes  
 No → *Go to Question 13*

10. Did you and a doctor or other health provider talk about the reasons you might want to take a medicine?

Yes  
 No

11. Did you and a doctor or other health provider talk about the reasons you might not want to take a medicine?

Yes  
 No

12. When you talked about starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for you?

- Yes
- No

13. 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?

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

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

- Never
- Sometimes
- Usually
- Always

**YOUR PERSONAL DOCTOR**

15. 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 24*

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

- None → *Go to Question 23*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

17. 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

18. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

20. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always





21. 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 23**

22. 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

23. 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  1  2  3  4  5  6  7  8  9  10
- Worst Personal Doctor Possible                      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.

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

In the last 6 months, did you make any appointments to see a specialist?

- Yes
- No → **Go to Question 28**

25. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

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

- None → **Go to Question 28**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

27. 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  1  2  3  4  5  6  7  8  9  10
- Worst Specialist Possible                      Best Specialist Possible

**YOUR HEALTH PLAN**

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

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 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

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?

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

### ABOUT YOU

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

- Excellent
- Very Good
- Good
- Fair
- Poor

37. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

38. Have you had either a flu shot or flu spray in the nose since July 1, 2018?

- Yes
- No
- Don't know



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

- Every day
- Some days
- Not at all → **Go to Question 43**
- Don't know → **Go to Question 43**

40. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

41. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always

42. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

43. In the last 6 months, did you get health care 3 or more times for the same condition or problem?

- Yes
- No → **Go to Question 45**

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

- Yes
- No

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

- Yes
- No → **Go to Question 47**

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

- Yes
- No

47. 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

48. Are you male or female?

- Male
- Female

◆

49. 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

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

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

51. What is your race? Mark one or more.

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

52. Did someone help you complete this survey?

- Yes → **Go to Question 53**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

53. How did that person help you? Mark one or more.

- 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

◆

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

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

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





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

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

If you want to know more about this study, please call 1-888-248-5294.

**SURVEY INSTRUCTIONS**

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

Correct Mark 

Incorrect Marks   

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

- Yes ➔ *Go to Question 1*
- No

↓ **START HERE** ↓

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

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

- Yes ➔ *Go to Question 3*
- No

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

\_\_\_\_\_



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

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

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
  - Yes
  - No → *Go to Question 5*
  
- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
  - Never
  - Sometimes
  - Usually
  - Always
  
- 5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
  - Yes
  - No → *Go to Question 7*
  
- 6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
  - Never
  - Sometimes
  - Usually
  - Always

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
  - None → *Go to Question 15*
  - 1 time
  - 2
  - 3
  - 4
  - 5 to 9
  - 10 or more times
  
- 8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
  - Yes
  - No
  
- 9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?
  - Yes
  - No → *Go to Question 13*
  
- 10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
  - Yes
  - No
  
- 11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
  - Yes
  - No



12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- Yes
- No

13. 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?

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

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

- Never
- Sometimes
- Usually
- Always

**YOUR CHILD'S PERSONAL DOCTOR**

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *Go to Question 27*

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None → *Go to Question 26*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 22*





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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → **Go to Question 26**

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

- Never
- Sometimes
- Usually
- Always

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

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Personal Doctor       |                       |                       |                       |                       | Personal Doctor       |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

### GETTING HEALTH CARE FROM SPECIALISTS

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

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

In the last 6 months, did you make any appointments for your child to see a specialist?

- Yes
- No → **Go to Question 31**

28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always



29. How many specialists has your child seen in the last 6 months?

- None → **Go to Question 31**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

30. 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 that specialist?

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

**YOUR CHILD'S HEALTH PLAN**

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

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

- Yes
- No → **Go to Question 34**

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 36**

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

- Never
- Sometimes
- Usually
- Always

36. 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?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Health Plan           |                       |                       |                       |                       | Health Plan           |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

**ABOUT YOUR CHILD AND YOU**

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

- Excellent
- Very good
- Good
- Fair
- Poor



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

- Excellent
- Very good
- Good
- Fair
- Poor

39. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

40. Is your child male or female?

- Male
- Female

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

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

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

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

43. What is your age?

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

44. Are you male or female?

- Male
- Female

45. 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

46. How are you related to the child?

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

47. Did someone help you complete this survey?

- Yes → **Go to Question 48**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

48. How did that person help you? Mark one or more.

- 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



◆ ◆

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

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

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



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DFDCME

## Sampling Methodology

### *Sampling Assumptions*

#### General Population

Following NCQA's specifications, HSAG used a systematic sampling method to select the adult and child Medicaid samples. HSAG selected the sample sizes based on the goal of achieving 411 complete and valid surveys at the MCP level. To determine the appropriate sample sizes, HSAG evaluated the following components:

1. 2016 response rates.
2. Estimated decrease from 2016 response rate based on national trends.

Based on historical CAHPS disposition information for the California Medicaid population, oversampling of the general population for the adult and child Medicaid populations was required for most MCPs.

### *Reporting Unit Oversample*

For the reporting unit oversample for the adult and child Medicaid populations, HSAG took the following steps to derive the necessary reporting unit oversample:

1. Using the eligible population sizes provided by DHCS, estimated the respondent population size for each reporting unit from the general sample.
2. Determined the additional respondents required to reach the target of 100 completed surveys per reporting unit.
3. Using the assumptions above, calculated the additional oversample required for each reporting unit to reach a target of 100 completed surveys per reporting unit.

## Adult and Child Medicaid Managed Care Sampling

For the adult and child Medicaid managed care populations, HSAG conducted a systematic sample of Medicaid beneficiaries for each of the 25 MCPs at the MCP level. To accommodate reporting unit-level reporting, HSAG conducted a targeted oversample of the adult and child Medicaid populations, where appropriate. The following describes how this sampling approach was employed for the Medicaid managed care population.

## General Sample

The first step of the sampling strategy was to select a stratified sample of adult and child Medicaid beneficiaries for each MCP at the general population sample level. The NCQA sampling methodology is designed to yield 411 completed surveys per MCP. The projected number of 411 completed surveys is designed by NCQA to yield at least 100 responses per survey question, which is the minimum reporting threshold required by NCQA. Based on the NCQA minimum recommended sample size for the CAHPS Medicaid Health Plan Survey, HSAG selected a minimum of 1,350 adult Medicaid beneficiaries and 1,650 child Medicaid beneficiaries from each of the 25 participating MCPs at the MCP general population sample level. Additionally, HSAG conducted a general oversample of the adult and child Medicaid populations, where appropriate, to accommodate MCP-level reporting.

## Reporting Unit Oversampling

HSAG conducted a targeted oversample, where appropriate, with the goal of achieving 100 completed surveys per reporting unit (i.e., contract/county/region). In the context of NCQA's recommended sample size for the CAHPS Adult Medicaid and Child Medicaid Health Plan Surveys and DHCS' surveying and reporting needs, Table A.1 and Table A.2 depict the final sample sizes for the adult Medicaid and child Medicaid populations, respectively, for each MCP, including any oversampling.

**Table A.1—Adult Medicaid Managed Care Sample Sizes for Each MCP**

MCP	General Sample Size	General Oversample Size	Reporting Unit Oversample	Total Sample Size
Aetna	1,350	783	—	2,133
AAH	1,350	877	—	2,227
Anthem	1,350	1,134	4,696	7,180
Blue Shield Promise	1,350	594	—	1,944
CHW	1,350	621	—	1,971
CalOptima	1,350	949	—	2,299
CalViva	1,350	689	636	2,675
CenCal	1,350	459	—	1,809
CCAHA	1,350	877	—	2,227
CHG	1,350	554	—	1,904
CCHP	1,350	1,134	—	2,484
Gold Coast	1,350	594	—	1,944

<b>MCP</b>	<b>General Sample Size</b>	<b>General Oversample Size</b>	<b>Reporting Unit Oversample</b>	<b>Total Sample Size</b>
Health Net	1,350	1,404	3,179	5,933
HPSJ	1,350	715	—	2,065
HPSM	1,350	567	—	1,917
IEHP	1,350	1,215	—	2,565
Kaiser NorCal	1,350	540	—	1,890
Kaiser SoCal	1,350	108	—	1,458
KFHC	1,350	810	—	2,160
L.A. Care	1,350	675	—	2,025
Molina	1,350	715	648	2,713
Partnership	1,350	689	395	2,434
SFHP	1,350	864	—	2,214
SCFHP	1,350	500	—	1,850
UHC	1,350	783	—	2,133
<b>Total Sample</b>	<b>33,750</b>	<b>18,850</b>	<b>9,554</b>	<b>62,154</b>



**Table A.2—Child Medicaid Managed Care Sample Sizes for Each MCP**

<b>MCP</b>	<b>General Sample Size</b>	<b>General Oversample Size</b>	<b>Reporting Unit Oversample</b>	<b>Total Sample Size</b>
Aetna	705	—	—	705
AAH	1,654	—	—	1,654
Anthem	1,650	297	3,548	5,495
Blue Shield Promise	1,650	317	—	1,967
CHW	1,650	694	—	2,344
CalOptima	1,652	—	—	1,652
CalViva	1,650	182	525	2,357
CenCal	1,651	—	—	1,651
CCAH	1,650	239	—	1,889
CHG	1,652	—	—	1,652
CCHP	1,653	—	—	1,653
Gold Coast	1,656	—	—	1,656
Health Net	1,650	429	2,276	4,355
HPSJ	1,650	325	—	1,975
HPSM	1,659	—	—	1,659
IEHP	1,650	1,242	—	2,892
Kaiser NorCal	1,650	70	—	1,720
Kaiser SoCal	1,658	—	—	1,658
KFHC	1,650	636	—	2,286
L.A. Care	1,650	166	—	1,816
Molina	1,650	347	690	2,687
Partnership	1,650	266	342	2,258
SFHP	1,652	—	—	1,652
SCFHP	1,658	—	—	1,658
UHC	512	—	—	512
<b>Total Sample</b>	<b>39,212</b>	<b>5,210</b>	<b>7,381</b>	<b>51,803</b>

## State Weighted Rates

The State weighted rates include sample respondents from the MCP general sample, MCP general oversample, and reporting unit oversample. HSAG calculated weighted top-box scores for each global rating and composite measure for the adult and child populations. HSAG calculated top-box scores in accordance with NCQA HEDIS Specifications for Survey Measures. The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, HSAG calculated the percentage of top-box responses in order to determine the top-box scores. For additional detail, please refer to the *NCQA HEDIS 2019 Specifications for Survey Measures, Volume 3*.

The graphs also include the 2018 Quality Compass 25th percentiles, national averages, and 90th percentiles for comparison purposes.<sup>A-1,A-2</sup> HSAG does not display results for MCPs with fewer than 100 responses.

## Eligible Population Calculations

HSAG used the 25 adult MCP-level sample frame files to determine the eligible adult population size for each MCP and reporting unit, and the 25 child MCP-level sample frame files to determine the eligible child population size for each MCP and reporting unit.

## Selected Sample Calculations

HSAG identified two separate sample sizes:

1. General sample size (GSS)—the number of beneficiaries selected for the MCP from the general sample (this includes the general oversample as well).
2. Reporting unit oversample (RUO)—the number of beneficiaries selected for the reporting unit from the reporting unit oversample.

## Probability Calculations

### General Sample Probability

If a beneficiary was selected as part of the general sample, HSAG calculated a general sample probability. The probability that a beneficiary from an MCP's eligible population (EP) was

<sup>A-1</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

<sup>A-2</sup> NCQA national data for 2019 were not available at the time this report was prepared; therefore, 2018 NCQA national data are presented in this section. 2018 Quality Compass data reflects measurement year 2017 scores.

included in the MCP general sample was calculated for each respondent using the following formula:

$$GP_r = \frac{GSS_p}{EP_p}$$

Where:

$GP_r$  = probability for respondent  $r$  from the general sample  
 $GSS_p$  = general sample size for MCP  $p$   
 $EP_p$  = eligible population size for MCP  $p$

### Reporting Unit Oversample Probability

If a beneficiary was selected as part of the reporting unit oversample, HSAG calculated a reporting unit oversample probability. The probability that a beneficiary from a reporting unit's EP was included in the reporting unit oversample was calculated for each reporting unit, where applicable, using the following formula:

$$RP_r = \frac{RUO_i}{EP_i - GSS_i}$$

Where:

$RP_r$  = probability for respondent  $r$  from the reporting unit oversample  
 $RUO_i$  = reporting unit oversample size for reporting unit  $i$   
 $EP_i$  = eligible population size for reporting unit  $i$   
 $GSS_i$  = general sample size of MCP for reporting unit  $i$

## Weight Calculations

### General Sample Weights

HSAG used each respondent's general sample probability to calculate a weight for each general sample respondent. The general sample respondent weights were calculated as the inverse of the probability using the following formula:

$$w_{gsr} = \frac{1}{GP_r}$$

Where:

$w_{gsr}$  = weight for general sample respondent  $r$   
 $GP_r$  = probability for general sample respondent  $r$

## Reporting Unit Oversample Weights

HSAG used each respondent's reporting unit oversample probability to calculate a weight for each reporting unit oversample respondent. The reporting unit oversample respondent weights were calculated as the inverse of the probability using the following formula:

$$w_{rur} = \frac{1}{RP_r}$$

Where:

$w_{rur}$  = weight for reporting unit oversample respondent  $r$   
 $RP_r$  = probability for reporting unit oversample respondent  $r$

## Weighted Rate Calculations

HSAG calculated the 2019 State weighted rates for each global rating and composite measure. The State weighted rates included respondents from the MCP general sample, MCP general oversample, and reporting unit oversample.

For each measure, each respondent received a score of 1 for a top-box response or a score of 0 for a non-top-box response.<sup>A-3</sup> HSAG calculated the State weighted rate using the following formula:

$$AGG = \frac{\sum_r MS_r \times w_r}{\sum_r w_r}$$

Where:

AGG = State weighted rate  
 $MS_r$  = Measure score for respondent  $r$   
 $w_r$  = weight for respondent  $r$

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<sup>A-3</sup> For the global ratings, HSAG used a top-box response a value of "8," "9," or "10." For the composite measures, responses of "Usually," "Always," or "Yes" were used for top-box responses.

## State Comparisons

HSAG calculated top-box scores at the MCP level and reporting-unit level for each global rating and composite measure for the adult and child populations. For comparison purposes, HSAG includes vertical lines in the graphs indicating the 2018 Quality Compass 25th percentiles, national averages, and 90th percentiles.<sup>A-4,A-5</sup> HSAG does not display results for MCPs and reporting units with fewer than 100 responses. The following describes the MCP-level and reporting unit-level analyses that HSAG conducted.

### MCP-Level Analysis

For MCP-level reporting, HSAG used responses from the MCP-level sample to report each measure (i.e., responses from the reporting unit oversample were not included), and the results were not weighted.

### Global Rating Calculations

HSAG calculated top-box scores and their corresponding variances and 95 percent confidence intervals for each global rating. Response options of 8, 9, or 10 were assigned a score value of 1, and all other response options were assigned a score value of 0. Table A.3 below illustrates how HSAG determined the top-box score values.

The top-box score was the sum of the score values (0 or 1) divided by the total number of responses to the global rating question.

$$\begin{aligned} \text{Top-Box (TB)} \\ \text{Score} &= \sum_{i=1}^n \frac{x_i}{n} \end{aligned}$$

$i = 1, \dots, n$  members responding to question  
 $x_i$  = score of member on question (either 0 or 1)

HSAG calculated an unbiased variance for each top-box score using a standard, unbiased variance formula where  $x$  was the score value (0 or 1).

$$\begin{aligned} \text{Top-Box} \\ \text{Variance (TBV)} &= \sum_{i=1}^n \frac{(x_i - u)^2}{n - 1} \end{aligned}$$

$i = 1, \dots, n$  members responding to question  
 $x_i$  = score of member on question (either 0 or 1)  
 $u$  = average score of member on question

A-4 National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2018*. Washington, DC: NCQA, September 2018.

A-5 NCQA national data for 2019 were not available at the time this report was prepared; therefore, 2018 NCQA national data are presented in this section. 2018 Quality Compass data reflects measurement year 2017 scores.

HSAG used the unbiased mean and variance to calculate a 95 percent confidence interval for each top-box score. HSAG used the following formula to calculate the 95 percent confidence interval for each top-box score:

$$TB \text{ 95\% Confidence Interval} = (TB) \pm 1.96 \sqrt{\frac{TBV}{n}}$$

### Composite Measure Calculations

HSAG calculated top-box scores and their corresponding variances and 95 percent confidence intervals for each composite measure. For the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites, responses of “Usually” or “Always” were assigned a score value of 1, and all other response choices were assigned a score value of 0. For the Shared Decision Making composite, responses of “Yes” were assigned a score value of 1, and all other response choices were assigned a score value of 0.

HSAG calculated the composite top-box score by first determining the average score (i.e., proportion responding with a score of 1 for each question). HSAG repeated this step for each of the questions in the composite. Finally, HSAG determined the average proportion responding with a score of 1 across all of the questions in the composite. This average was the composite top-box score. That is, each question contributed equally to the average regardless of the number of respondents for the question.

$$\text{Composite TB Score} = \frac{1}{m} \sum_{i=1}^m \left( \frac{\sum_{j=1}^{n_i} x_{ij}}{n_i} \right)$$

$i = 1, \dots, m$  questions in a composite

$j = 1, \dots, n_i$  members responding to question  $i$

$x_{ij}$  = score of member  $j$  on question  $i$  (either 0 or 1)

HSAG calculated a variance for each composite measure. HSAG used the following formula to calculate the composite measure variance:

$$\text{Composite Top-Box Variance (TBV)} = \frac{N}{N-1} \sum_{i=1}^m \left( \frac{1}{m} \sum_{j=1}^{n_i} \frac{x_{ij} - \bar{x}_i}{n_i} \right)^2$$

$i = 1, \dots, m$  questions in a composite

$j = 1, \dots, n_i$  members responding to question  $i$

$x_{ij}$  = score of member  $j$  on question  $i$  (either 0 or 1)

HSAG used the mean and variance to calculate a 95 percent confidence interval for each composite score. HSAG used the following formula to calculate the 95 percent confidence interval for each composite top-box score:

$$\text{Composite TB 95\% Confidence Interval} = (TB) \pm 1.96 \sqrt{TBV}$$

**Table A.3—Determining Global Rating and Composite Measure Score Values**

<b>Response Category</b>	<b>Score Values</b>
<b>Global Ratings: 0-10 Format</b>	
0 – 7	0
8 – 10	1
<b>Composite Measures: Never/Sometimes/Usually/Always Format</b>	
Never	0
Sometimes	0
Usually	0
Always	1
<b>Composite Measures: Yes/No Format</b>	
No	0
Yes	1

### **Reporting Unit-Level Analyses**

For reporting unit-level reporting, HSAG used responses from the MCP-level sample and reporting unit oversample to report each measure, and the results were not weighted. HSAG calculated top-box scores in accordance with NCQA HEDIS Specifications for Survey Measures. The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, HSAG calculated the percentage of top-box responses in order to determine the top-box scores. For additional detail, please refer to the *NCQA HEDIS 2019 Specifications for Survey Measures, Volume 3*.