

2023 CHIP CAHPS Survey

Summary Report

Quality and Population Health Management
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Table of Contents

Commonly Used Abbreviations and Acronyms	iii
1. Executive Summary.....	1
Performance Highlights	1
General Child Performance Highlights	1
CCC Performance Highlights	2
Considerations.....	3
2. Background.....	4
Medi-Cal CHIP Population Overview.....	4
How DHCS Uses Member Experience Results	4
3. Methodology	5
CAHPS Performance Measures	5
How CAHPS Survey Results Were Collected.....	5
Sampling Procedures	5
Survey Protocol.....	6
How CAHPS Survey Results Were Calculated and Displayed	8
Response Rates.....	8
Respondent Analysis	8
Top-Box Scores	9
Comparative Analysis	10
Limitations and Cautions.....	10
4. Results.....	12
Survey Respondents	12
Response Rates.....	12
Respondent Analysis	13
General Child Results.....	15
Top-Box Scores	16
Comparative Analysis	16
CCC Results.....	19
Chronic Conditions Classification.....	19
Top-Box Scores	20
Comparative Analysis	20
5. Conclusions and Considerations	24
Conclusions	24
Considerations.....	25
6. Survey Instrument	26

Table of Figures

Figure 4.1—Global Ratings: General Child Top-Box Scores..... 17
Figure 4.2—Composite Measures: General Child Top-Box Scores 18
Figure 4.3—Global Ratings: CCC Top-Box Scores..... 21
Figure 4.4—Composite Measures: CCC Top-Box Scores 22
Figure 4.5—CCC Composite Measures and Items: CCC Top-Box Scores 23

Table of Tables

Table 3.1—CAHPS Measures..... 5
Table 3.2—CHIP Population Sample Sizes 6
Table 3.3—CAHPS 5.1 Survey Timeline..... 7
Table 4.1—Total Number of Respondents and Response Rate..... 13
Table 4.2—CHIP Respondent Analysis Results..... 14

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®**—Consumer Assessment of Healthcare Providers and Systems¹
- ◆ **CCC**—Children with Chronic Conditions
- ◆ **CHIP**—Children’s Health Insurance Program
- ◆ **CMS**—Centers for Medicare & Medicaid Services
- ◆ **COC**—Coordination of Care
- ◆ **DHCS**—California Department of Health Care Services
- ◆ **FCC**—Family-Centered Care
- ◆ **FFS**—fee-for-service
- ◆ **HEDIS®**—Healthcare Effectiveness Data and Information Set²
- ◆ **HSAG**—Health Services Advisory Group, Inc.
- ◆ **MCP**—Medi-Cal managed care health plan
- ◆ **NCQA**—National Committee for Quality Assurance
- ◆ **QR**—quick response

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

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

1. Executive Summary

The Centers for Medicare & Medicaid Services (CMS) Children's Health Insurance Program (CHIP) Reauthorization Act requires the administration of a member experience survey to the statewide California CHIP population to measure and report on performance to assess the quality and appropriateness of care and services provided to members.

The California Department of Health Care Services (DHCS) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization, to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey.³ The administration of the CAHPS surveys is an optional Medicaid external quality review activity to assess parents'/caretakers' experiences of health care services provided to their children. The goal of the CAHPS Health Plan survey is to provide performance feedback that is actionable and will aid in improving overall member experience.

This report presents the 2023 CAHPS survey results from parents'/caretakers of child members enrolled in California's CHIP who completed surveys from February to May 2023, which represent parents'/caretakers' experiences with care and services provided to their children over the prior six months. DHCS selected the standardized survey instrument, CAHPS 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set and Children with Chronic Conditions (CCC) measurement set.⁴ HSAG administered the CAHPS survey instrument to a statewide sample of CHIP members enrolled in Medi-Cal managed care health plans (MCPs) and fee-for-service (FFS).

Performance Highlights

General Child Performance Highlights

Differences in scores should be evaluated from a clinical perspective. While the CHIP general child population results may be above or below the national 50th percentiles, differences in scores may not be important from a clinical point of view. HSAG observed the following:

- ◆ The gaps between the National Committee for Quality Assurance (NCQA) child Medicaid national 50th and 90th percentiles were on average 3.7 percentage points for the general child population, indicating that the distributions of national performance were close together.

³ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

⁴ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- ◆ The differences between the CHIP general child population reportable scores and the NCQA child Medicaid national 50th percentiles ranged from 9.1 to 1.5 percentage points below the NCQA child Medicaid national 50th percentiles, with an average of 4.0 percentage points below the NCQA child Medicaid national 50th percentiles for the general child population.

Top-Box Scores

The findings indicate opportunities for improvement in member experience for several areas of care, as all reportable measures scored below the NCQA child Medicaid national 50th percentiles.

Comparative Analysis

The 2023 score was statistically significantly lower than the 2021 score for the *Rating of All Health Care* global rating. The 2023 scores were not statistically significantly higher than the 2021 scores for any measure. The 2023 scores were not statistically significantly higher or lower than the 2022 scores for any measure.

CCC Performance Highlights

As with the CHIP general child population results, differences in CHIP CCC population scores should be evaluated from a clinical perspective. While the CHIP CCC population results may be above or below the national 50th percentiles, differences in scores may not be important from a clinical point of view. HSAG observed the following:

- ◆ The gaps between the NCQA CCC Medicaid national 50th and 90th percentiles were on average 3.3 percentage points for the CCC population, indicating that the distributions of national performance were close together.
- ◆ The differences between the CHIP CCC population reportable scores and the NCQA CCC Medicaid national 50th percentiles ranged from 10.4 percentage points below and 1.8 percentage points above the NCQA CCC Medicaid national 50th percentiles, with an average of 2.6 percentage points below the NCQA CCC Medicaid national 50th percentiles for the CCC population.

Top-Box Scores

The findings indicate opportunities for improvement in member experience for several areas of care, as all reportable measures except the *Access to Prescription Medicines* CCC item scored below the NCQA CCC Medicaid national 50th percentiles.

Comparative Analysis

The 2023 scores were not statistically significantly higher or lower than the 2021 and 2022 scores for any measure.

Considerations

HSAG observed that all reportable measures except the *Access to Prescription Medicines* CCC item scored below the NCQA child and CCC Medicaid national 50th percentiles, which may reflect potential issues with the quality and timeliness of, and access to care for CHIP members. HSAG suggests that DHCS consider working with the MCPs to identify the factors contributing to the low scores and develop strategies to improve member experience in these areas.

2. Background

Medi-Cal CHIP Population Overview

In the State of California, DHCS administers the Medicaid program (Medi-Cal) through its FFS and managed care delivery systems. In California, the CHIP population is included in Medi-Cal. As of April 2023, approximately 1.3 million members (i.e., 25 percent of the total child Medi-Cal eligible population) were enrolled in CHIP.⁵

How DHCS Uses Member Experience Results

Medi-Cal provides services to almost 14 million members (approximately one-third of all Californians), including low-income children and families, seniors and persons with disabilities, and pregnant women.⁶ The overall vision of DHCS, as seen within the 2022 DHCS Comprehensive Quality Strategy, is to preserve and improve the health status of all Californians by achieving the goals to improve health outcomes and reduce disparities, enhance the quality of care and health care experiences of patients, and reduce health care costs across both managed care and FFS delivery systems.⁷ Since Medi-Cal serves some of California's most vulnerable populations, the need to evaluate and monitor members' experiences on the quality of and access to health care through the administration and reporting of the CAHPS surveys has remained a key objective for DHCS in meeting its overarching vision.

⁵ Centers for Medicare & Medicaid Services. *May 2023 Medicaid & CHIP Enrollment Data Highlights*. Available at: <https://www.medicare.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>. Accessed on: Aug 2, 2023.

⁶ California Department of Health Care Services. *Department of Health Care Services Comprehensive Quality Strategy*. February 2022. Available at: <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>. Accessed on: Aug 2, 2023.

⁷ *ibid.*

3. Methodology

CAHPS Performance Measures

CAHPS experience measures are derived from individual questions, such as asking for a general rating, as well as groups of questions that form composite measures. Table 3.1 lists the measures included in the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set.

Table 3.1—CAHPS Measures

Global Ratings	Composite Measures	CCC Composite Measures and Items
<i>Rating of Health Plan</i>	<i>Getting Needed Care</i>	<i>Access to Specialized Services</i>
<i>Rating of All Health Care</i>	<i>Getting Care Quickly</i>	<i>FCC: Personal Doctor Who Knows Child</i>
<i>Rating of Personal Doctor</i>	<i>How Well Doctors Communicate</i>	<i>COC for Children with Chronic Conditions</i>
<i>Rating of Specialist Seen Most Often</i>	<i>Customer Service</i>	<i>Access to Prescription Medicines</i>
		<i>FCC: Getting Needed Information</i>

How CAHPS Survey Results Were Collected

Sampling Procedures

The members eligible for sampling included those who were CHIP members at the time the sample was drawn and who were continuously enrolled in the same MCP for at least five of the six months of the measurement period (July through December 2022). The members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2022).

To accommodate analysis and reporting for the CAHPS Child Medicaid Health Plan Survey with the CCC measurement set, HSAG selected two samples. All CHIP members within the sample frame file were given a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the member had claims or encounters which did not suggest that the member had a greater probability of having a chronic condition. A prescreen code of 2 (also

known as a positive prescreen status code) indicated that the member had claims or encounters which suggested that the member had a greater probability of having a chronic condition. After selecting a random sample of 3,065 CHIP members (i.e., general population of children enrolled in CHIP), HSAG selected a CCC supplemental sample of 3,615 CHIP members with a prescreen code of 2 (i.e., the population of children who were more likely to have a chronic condition).⁸ HSAG drew the supplemental sample to ensure an adequate number of responses from children with chronic conditions.

Table 3.2 depicts the sample sizes for the general child and CCC supplemental samples for the CHIP population.

Table 3.2—CHIP Population Sample Sizes

Sample	Standard Sample	Oversample	Total Sample
General Child Sample	1,650	1,415	3,065
CCC Supplemental Sample	1,840	1,775	3,615
Overall Sample			6,680

Survey Protocol

The survey administration process allowed for two methods by which parents/caretakers of child members could complete a survey: 1) mail or 2) Internet. A cover letter was mailed to all parents/caretakers of sampled child members that provided two options to complete the survey: (1) complete the paper-based survey and return it using the pre-addressed, postage-paid return envelope; or (2) complete the web-based survey via a URL or quick response (QR) code and designated username. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter and survey. Members who were not identified as Spanish speaking received an English version of the cover letter and survey. The cover letter included with the English version of the survey had a Spanish cover letter on the back side informing parents/caretakers of child members that they could call the toll-free number to request a Spanish version of the CAHPS survey. The cover letter included with the Spanish version of the survey had an English cover letter on the back side informing parents/caretakers of child members that they could call the toll-free number to request an English version of the CAHPS survey. In addition, respondents had the option to choose an English or Spanish version of the web survey. All non-respondents received a reminder postcard, followed by a second survey mailing, second reminder postcard, and third survey mailing.

⁸ The general child sample included an oversample of 1,415 child members, and the CCC supplemental sample included an oversample of 1,775 child members.

DHCS provided HSAG with a list of all eligible CHIP members for the sampling frame. HSAG sampled members who met the following criteria:

- ◆ Were 17 years of age or younger as of December 31, 2022
- ◆ Were currently enrolled in CHIP
- ◆ Had been continuously enrolled in an MCP or FFS for at least five of the six months of the measurement period (i.e., July through December 2022)
- ◆ 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 members selected for the sample by processing their addresses through the United States Postal Service’s National Change of Address system, as available. HSAG selected no more than one member per household as part of the survey samples. In addition, the mail materials included the following: the name of the program on the surveys and letters, the signature of a high-ranking State official on the letters, and a postage-paid reply envelope addressed to the organization conducting the surveys.

Table 3.3 shows the timeline used in the administration of the survey.

Table 3.3—CAHPS 5.1 Survey Timeline

Task	Timeline
Send first survey with cover letter to the parent/caretaker of the child member and make website available to complete the survey online.	0 days
Send a postcard reminder to non-respondents seven days after mailing the first survey.	7 days
Send a second survey (and letter) to non-respondents 28 days after mailing the first survey.	28 days
Send a second postcard reminder to non-respondents seven days after mailing the second survey.	35 days
Send a third survey (and letter) to non-respondents 28 days after mailing the second survey.	56 days
Close survey field.	85 days

How CAHPS Survey Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in *HEDIS Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess member experience. This portion of the report includes an overview of each analysis that HSAG conducted.

Response Rates

The CAHPS survey response rate is the total number of completed surveys divided by all eligible CHIP members of the sample.⁹ As specified by NCQA, HSAG considered a survey completed if the parents/caretakers of sampled CHIP members answered at least three of the following five questions: 3, 25, 40, 44, and 49.¹⁰ Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), or had a language barrier.

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

Respondent Analysis

For the respondent analysis, HSAG compared the demographic characteristics of CHIP members whose parents/caretakers responded to the survey (i.e., respondent percentages) to the demographic characteristics of all CHIP members in the sample frame (i.e., sample frame percentages) for statistically significant differences using variables from the sample frame. HSAG evaluated CHIP member demographic characteristics of age, gender, ethnicity, and race as part of the respondent analysis. HSAG performed a *t* test to determine whether demographic characteristics of child members whose parents/caretakers responded to the survey were statistically significantly different from demographic characteristics of all members in the sample frame. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance.

⁹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

¹⁰ Please refer to Section 7 of this report ("Survey Instrument") for a copy of the survey instrument to see the survey question language.

HSAG presented results of the respondent analysis for the CHIP general child population. HSAG used arrows in the tables to indicate statistically significant differences within a particular demographic category. An upward arrow (↑) indicates that the respondent percentage was statistically significantly higher than the sample frame percentage. A downward arrow (↓) indicates that the respondent percentage was statistically significantly lower than the sample frame percentage. Respondent percentages that were not statistically significantly higher or lower than the sample frame percentages are not noted with an arrow.

Top-Box Scores

HSAG calculated top-box scores for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.¹¹ HSAG presents statewide top-box scores for the general child and CCC populations separately. For scoring the measures, HSAG assigned top-box responses a score of one and all other responses a score of zero. HSAG defined a “top-box” response as follows:

- ◆ “8,” “9,” or “10” for the global ratings
- ◆ “Usually” or “Always” for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composites; *Access to Specialized Services* CCC composite; and *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC items
- ◆ “Yes” for the *FCC: Personal Doctor Who Knows Child* and *COC for Children with Chronic Conditions* CCC composites

After applying this scoring methodology, HSAG calculated the percentage of top-box responses to determine the top-box scores. For the global rating and individual items, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, HSAG first calculated a separate top-box score for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items’ top-box scores). HSAG presents the NCQA child and CCC Medicaid national 50th and 90th percentiles for each measure for comparison, as

¹¹ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

appropriate and available.^{12,13} For additional detail, please refer to the *NCQA HEDIS Measurement Year 2022 Specifications for Survey Measures, Volume 3*.

Comparative Analysis

HSAG performed an analysis for each reportable measure that compared the 2021 and 2022 scores to the corresponding 2023 scores to determine whether there were statistically significant differences. HSAG performed the analysis for the general child and CCC populations separately. HSAG performed a *t* test to determine whether results in 2021 and 2022 were statistically significantly different from results in 2023. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. In the figures, scores that were statistically significantly higher in 2021 or 2022 than in 2023 are noted with upward (▲) triangles. Scores that were statistically significantly lower in 2021 or 2022 than in 2023 are noted with downward (▼) triangles. Scores in 2021 or 2022 that were not statistically significantly different from scores in 2023 are not noted with triangles.

Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. DHCS should consider these limitations when interpreting or generalizing the findings.

Causal Inferences

This report examines whether members report differences in experiences with various aspects of their health care. However, the survey alone does not necessarily reveal the exact cause of these differences.

¹² For the NCQA child and CCC Medicaid national percentiles, the source for data contained in this publication is Quality Compass® 2022 data and is used with the permission of NCQA. NCQA Quality Compass® national data for the general child and CCC Medicaid populations are used for comparison since NCQA does not publish separate benchmarking data for the CHIP population. Quality Compass® is a registered trademark of NCQA.

¹³ NCQA Quality Compass® 2022 national data is not available for the *Customer Service* composite measure for the CCC Medicaid population; therefore, HSAG is unable to present the NCQA CCC Medicaid national 50th and 90th percentile for the *Customer Service* composite measure for the CCC population for comparison.

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.¹⁴ To identify potential non-response bias, HSAG compared the top-box scores of early respondents (i.e., respondents who submitted a survey during the first mailing/round) to late respondents for each measure. Results indicate that early respondents are statistically significantly more likely to provide a higher score than late respondents for the *How Well Doctors Communicate* composite measure; therefore, DHCS should consider that potential non-response bias may exist when interpreting CAHPS survey results.

¹⁴ Korkeila K, Suominen S, Ahvenainen J, et al. “Non-response and related factors in a nationwide health survey.” *European Journal of Epidemiology* 17.11 (2001): 991–999.

Survey Respondents

Response Rates

HSAG mailed 6,680 child surveys to a sample of CHIP members selected for surveying. Of these, 979 child surveys were completed for the CHIP sample.

The CAHPS survey response rate is the total number of completed surveys divided by all eligible members in the sample. If the parent/caretaker of the CHIP member appropriately answered at least three of five NCQA-specified questions in the survey instrument, HSAG counted the survey as complete.¹⁵

Table 4.1 presents the total number of CHIP members sampled, the number of ineligible and eligible members, the number of surveys completed, and the response rate for the CHIP population selected for surveying. The survey dispositions and response rates are based on the responses of parents/caretakers of children in the general child and CCC supplemental samples. The CHIP response rate of 14.67 percent was greater than the CCC Medicaid national response rate reported by NCQA for 2022, which was 12.2 percent.^{16,17} In 2022, the CHIP response rate was 19.31 percent, which was 4.64 percentage points higher than the 2023 CHIP response rate. HSAG has observed an overall decline in CAHPS survey response rates over the past several years, so this decline falls in line with national trends.

¹⁵ A survey was considered a complete and valid survey for the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set when three of the following five survey questions were appropriately answered: 3, 25, 40, 44, and 49.

¹⁶ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Survey Vendor Update Training*. October 5, 2022.

¹⁷ Please note, 2023 national response rate information was not available at the time this report was produced.

Table 4.1—Total Number of Respondents and Response Rate

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

Population	Total Sample Size	Ineligible Sample	Eligible Sample	Completed Surveys	Response Rate
General Child Sample	3,065	2	3,063	414	13.52%
CCC Supplemental Sample	3,615	3	3,612	565	15.64%
CHIP	6,680	5	6,675	979	14.67%

Respondent Analysis

For the respondent analysis, HSAG compared the demographic characteristics of CHIP members whose parents/caretakers responded to the survey to the demographic characteristics of all CHIP members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included member age, gender, ethnicity, and race.

Table 4.2 presents the results of the respondent analysis for the CHIP general child population. Please note that variables from the sample frame were used for this analysis.

Table 4.2—CHIP Respondent Analysis Results

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

For Gender and Ethnicity, if the respondent percentage is statistically significantly higher for one demographic category, then the respondent percentage for the other demographic category has to be statistically significantly lower.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 . Percentages may not total 100 percent due to rounding.

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the Health Insurance Portability and Accountability Act (HIPAA) of 1996 Privacy Rule’s de-identification standard.

	CHIP Respondents	CHIP Sampling Frame
Age		
0 to 3	4.3%	5.0%
4 to 7	14.5%	17.1%
8 to 12	35.5%	36.6%
13 to 17	45.7%	41.3%
Gender		
Male	55.1%	51.0%
Female	44.9%	49.0%
Ethnicity		
Hispanic	67.4%↑	61.8%
Non-Hispanic	32.6%↓	38.2%
Race		
White	S	13.3%
Black	S	3.3%
Asian	11.1%	8.8%
Other	78.3%	74.6%

HSAG identified the following respondent result that was statistically significantly higher than the sampling frame results:

- ◆ A higher percentage of parents/caretakers of children whose ethnicity was Hispanic responded to the survey (67.4 percent) compared to those in the sampling frame (61.8 percent).

HSAG identified the following respondent results that were statistically significantly lower than the sampling frame results:

- ◆ A lower percentage of parents/caretakers of children whose ethnicity was non-Hispanic responded to the survey (32.6 percent) compared to those in the sampling frame (38.2 percent).

General Child Results

This portion of the report presents the 2021, 2022, and 2023 general child population CAHPS survey results (i.e., respondents from the CCC supplemental sample were not included in this analysis). In 2021, 2022, and 2023 parents/caretakers completed 607, 537, and 414 surveys, respectively, on behalf of general child members. HSAG used these completed surveys to calculate the general child CAHPS survey results. For more information on the top-box scores and comparative analysis calculations, please refer to the “How CAHPS Survey Results Were Calculated and Displayed” heading in Section 4 of this report (“Methodology”).

Top-Box Scores

HSAG calculated top-box scores in accordance with NCQA HEDIS Specifications for Survey Measures.¹⁸ According to these specifications, if a measure has fewer than 100 responses, the measure is not reportable.¹⁹ HSAG suppressed CAHPS scores in this report for measures that did not meet NCQA's minimum reporting threshold of 100 respondents. HSAG presents the 2022 NCQA child Medicaid national 50th and 90th percentiles for each measure for comparison.^{20,21}

Comparative Analysis

To evaluate differences in member experience across years, HSAG compared the 2021 and 2022 scores to the corresponding 2023 scores. In the figures, statistically significant differences are noted with directional triangles.

Overall, the gaps between the NCQA child Medicaid national 50th and 90th percentiles were on average 3.7 percentage points for the general child population, indicating that the distributions of national performance were close together. The differences between the CHIP general child population reportable measure scores and the NCQA child Medicaid national 50th percentiles ranged from 9.1 to 1.5 percentage points below the NCQA child Medicaid national 50th percentiles, with an average of 4.0 percentage points below the NCQA child Medicaid national 50th percentiles.

¹⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

¹⁹ *ibid*.

²⁰ For the NCQA child Medicaid national percentiles, the source for data contained in this publication is Quality Compass® 2022 data and is used with the permission of NCQA. Quality Compass 2022 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of AHRQ.

²¹ NCQA national data for 2023 were not available at the time this report was prepared; therefore, 2022 NCQA national data are presented in this section.

Figure 4.1 displays the 2021, 2022, and 2023 general child population top-box scores for the four global ratings, and the 2022 NCQA child Medicaid national 50th and 90th percentiles.

Figure 4.1—Global Ratings: General Child Top-Box Scores

▲ Indicates the score is statistically significantly higher than the 2023 score.
 ▼ Indicates the score is statistically significantly lower than the 2023 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the bar.
 Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05.

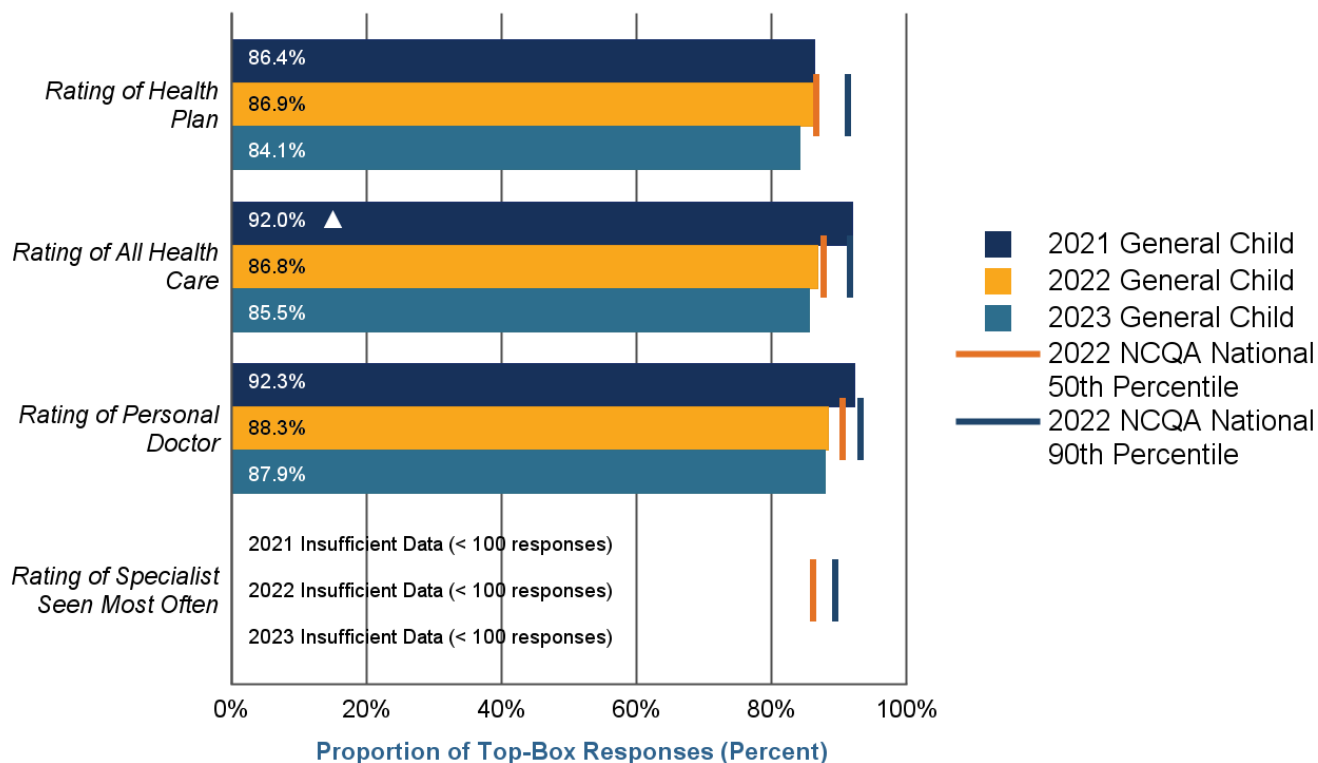
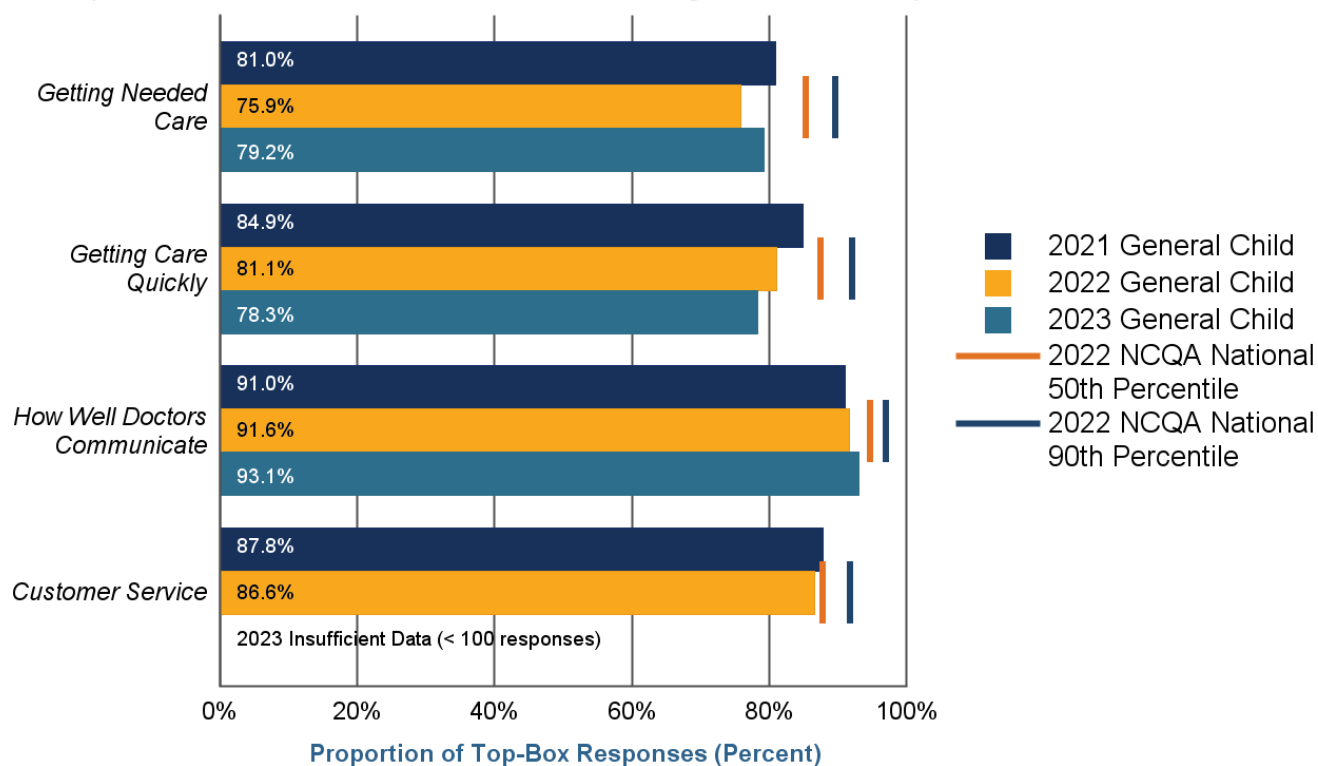


Figure 4.2 displays the 2021, 2022, and 2023 general child population top-box scores for the four composite measures, and the 2022 NCQA child Medicaid national 50th and 90th percentiles.

Figure 4.2—Composite Measures: General Child Top-Box Scores

▲ Indicates the score is statistically significantly higher than the 2023 score.
 ▼ Indicates the score is statistically significantly lower than the 2023 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the bar.
 Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05.



CCC Results

Chronic Conditions Classification

The CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set included a series of questions to identify children with chronic conditions (i.e., CCC screener questions). This series contained five sets of survey questions that focused on specific health care needs and conditions. Child members with affirmative responses to all the questions in at least one of the following five categories were considered to have a chronic condition:

- ◆ Child needs or uses **prescription medicine**
- ◆ Child needs or uses more **medical care, mental health services, or educational services** than other children of the same age need or use
- ◆ Child has **limitations** in the ability to do what other children of the same age do
- ◆ Child needs or uses **special therapy**
- ◆ Child needs or uses **mental health treatment or counseling**

For each category except “mental health treatment or counseling,” there were three screener questions. The first question was a gate item for the second question, which asked whether the child’s use or need was due to a health condition. Respondents who selected “No” to the first question were instructed to skip subsequent questions in the category. The second question in each category was a gate item for the third question, which asked whether the condition has lasted or is expected to last at least 12 months. Respondents who selected “No” to the second question were instructed to skip the third question in the category. For the “mental health treatment or counseling” category, there were only two screener questions. The first question was a gate item for the second question, which asked whether the condition has lasted or is expected to last at least 12 months. Respondents who selected “No” to the first question were instructed to skip the second question in this category.

HSAG analyzed the survey responses for child members in the general child and CCC supplemental samples to determine which child members had chronic conditions (i.e., those in the CCC population). Therefore, the general population of children (i.e., those in the general child sample) could have included children with chronic conditions based on the responses to the survey questions.

In 2021, 2022, and 2023, the CHIP population had 346, 333, and 263 completed surveys, respectively, for the CCC population based on parents’/caretakers’ responses to the CCC screener questions. HSAG used these completed surveys to calculate the CCC CAHPS survey results. For more information on the top-box scores and comparative analysis calculations, please refer to the “How CAHPS Survey Results Were Calculated and Displayed” heading in Section 4 of this report (“Methodology”).

Top-Box Scores

HSAG calculated top-box scores in accordance with NCQA HEDIS Specifications for Survey Measures.²² According to these specifications, if a measure has fewer than 100 responses, the measure is not reportable.²³ HSAG suppressed CAHPS scores in this report for measures that did not meet NCQA's minimum reporting threshold of 100 respondents. HSAG presents the 2022 NCQA CCC Medicaid national 50th and 90th percentiles for each measure for comparison.²⁴

Comparative Analysis

To evaluate differences in member experience across years, HSAG compared the 2021 and 2022 scores to the corresponding 2023 scores. In the figures, statistically significant differences are noted with directional triangles.

Overall, the gaps between the NCQA CCC Medicaid national 50th and 90th percentiles were on average 3.3 percentage points for the CCC population, indicating that the distributions of national performance were close together. The differences between the CHIP CCC population reportable scores and the NCQA CCC Medicaid national 50th percentiles ranged from 10.4 percentage points below and 1.8 percentage points above the NCQA CCC Medicaid national 50th percentiles, with an average of 2.6 percentage points below the NCQA CCC Medicaid national 50th percentiles.

²² National Committee for Quality Assurance. *HEDIS® Measurement Year 2022, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2022.

²³ *ibid.*

²⁴ For the NCQA CCC Medicaid national percentiles, the source for data contained in this publication is Quality Compass® 2022 data and is used with the permission of NCQA.

Figure 4.3 displays the 2021, 2022, and 2023 CCC population top-box scores for the four global ratings, and the 2022 NCQA CCC Medicaid national 50th and 90th percentiles.

Figure 4.3—Global Ratings: CCC Top-Box Scores

▲ Indicates the score is statistically significantly higher than the 2023 score.
 ▼ Indicates the score is statistically significantly lower than the 2023 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the bar.
 Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05.

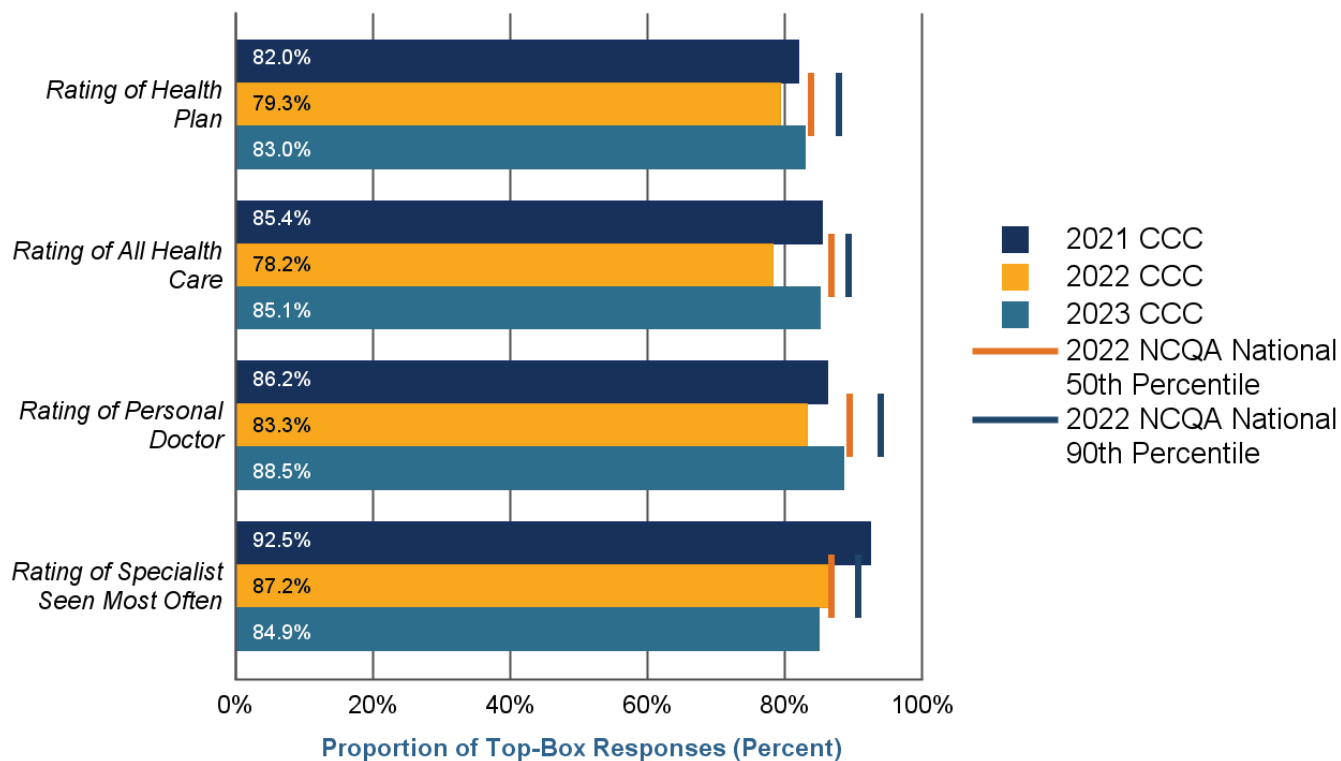
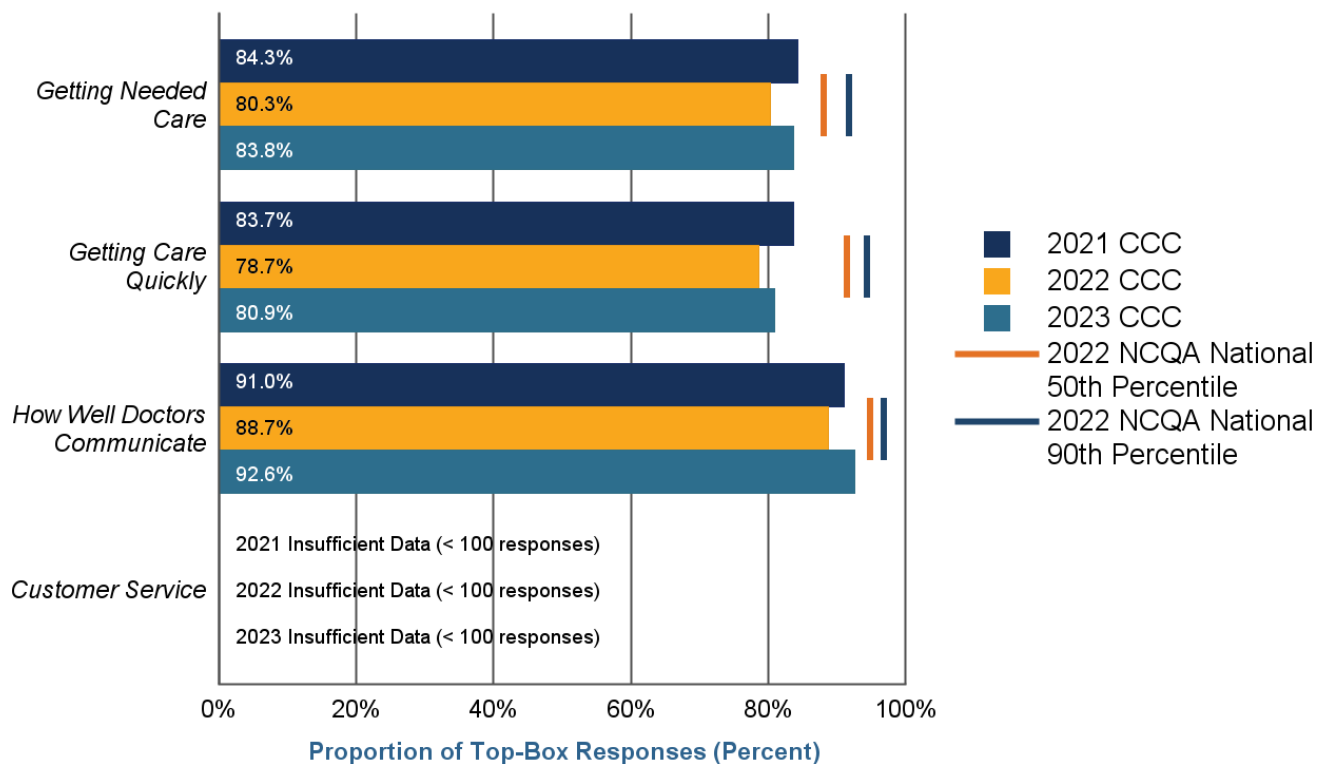


Figure 4.4 displays the 2021, 2022, and 2023 CCC population top-box scores for the four composite measures, and the 2022 NCQA CCC Medicaid national 50th and 90th percentiles.²⁵

Figure 4.4—Composite Measures: CCC Top-Box Scores

▲ Indicates the score is statistically significantly higher than the 2023 score.
 ▼ Indicates the score is statistically significantly lower than the 2023 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the bar.
 Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05.

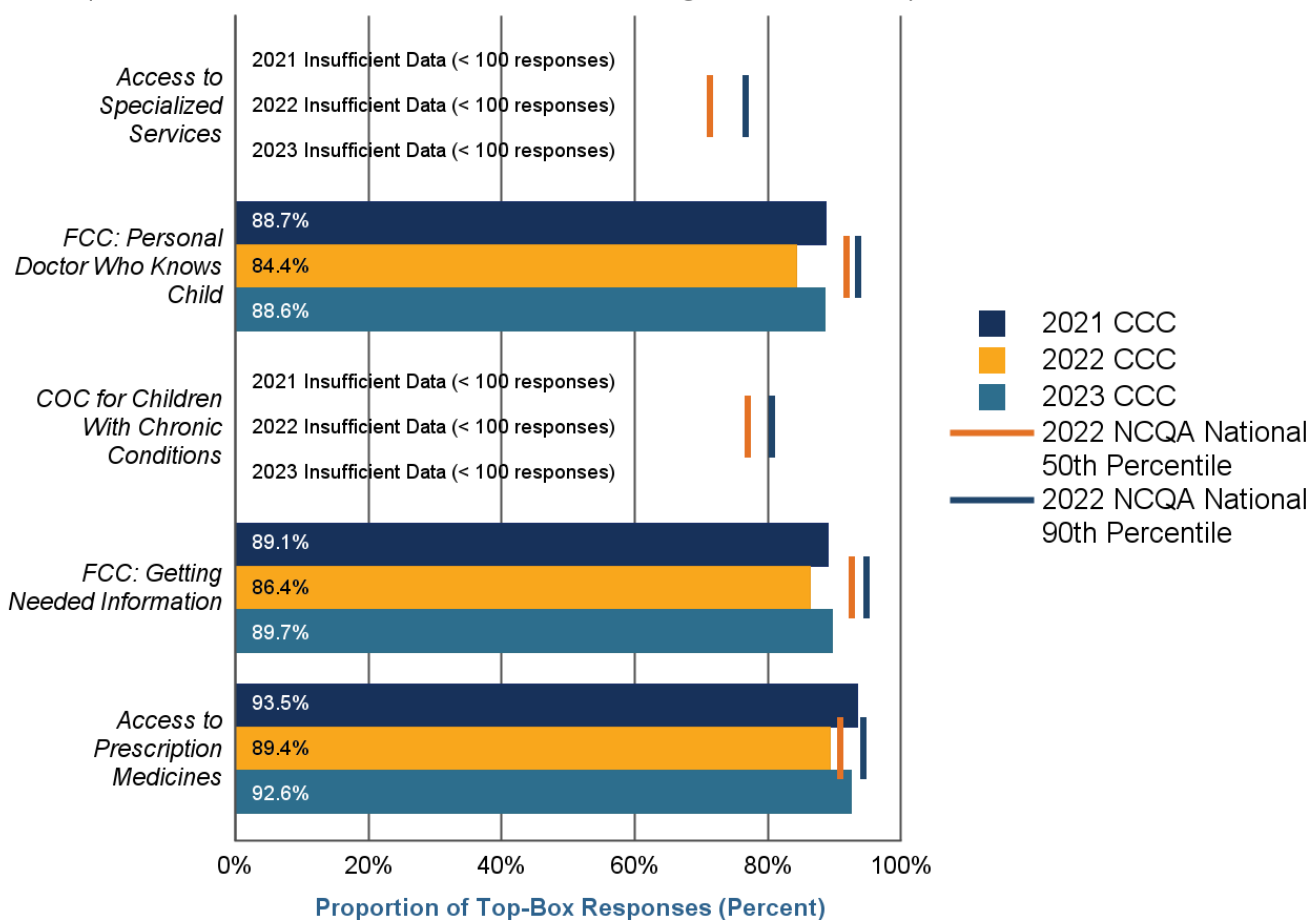


²⁵ NCQA Quality Compass® 2022 national data are not available for the *Customer Service* composite measure for the CCC Medicaid population; therefore, the national 50th and 90th percentile bars are not shown.

Figure 4.5 displays the 2021, 2022, and 2023 CCC population top-box scores for the CCC composite measures and items, and the 2022 NCQA CCC Medicaid national 50th and 90th percentiles.

Figure 4.5—CCC Composite Measures and Items: CCC Top-Box Scores

▲ Indicates the score is statistically significantly higher than the 2023 score.
 ▼ Indicates the score is statistically significantly lower than the 2023 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the bar.
 Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05.



5. Conclusions and Considerations

Conclusions

The following findings indicate opportunities for improvement in member experience for several areas of care:

- ◆ The general child population scored below the 2022 NCQA child Medicaid national 50th percentiles for all reportable measures, which included:
 - Global Ratings:
 - *Rating of Health Plan*
 - *Rating of All Health Care*
 - *Rating of Personal Doctor*
 - Composite Measures:
 - *Getting Needed Care*
 - *Getting Care Quickly*
 - *How Well Doctors Communicate*
- ◆ The CCC population scored below the 2022 NCQA CCC Medicaid national 50th percentiles for most reportable measures, which included:
 - Global Ratings:
 - *Rating of Health Plan*
 - *Rating of All Health Care*
 - *Rating of Personal Doctor*
 - *Rating of Specialist Seen Most Often*
 - Composite Measures:
 - *Getting Needed Care*
 - *Getting Care Quickly*
 - *How Well Doctors Communicate*
 - CCC Composite Measures and Items:
 - *FCC: Personal Doctor Who Knows Child*
 - *FCC: Getting Needed Information*
- ◆ The 2023 score was statistically significantly lower than the 2021 score for the *Rating of All Health Care* global rating for the general child population.

Considerations

HSAG observed that all reportable measures except the *Access to Prescription Medicines* CCC item scored below the NCQA child and CCC Medicaid national 50th percentiles, which may reflect potential issues with the quality and timeliness of, and access to care for CHIP members. HSAG suggests that DHCS consider working with the MCPs to identify the factors contributing to the low scores and develop strategies to improve member experience in these areas.

6. Survey Instrument

The survey instrument DHCS selected was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides a copy of the survey instrument.



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES



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

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

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

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 Medi-Cal. Is that right?

Yes → *Go to Question 3*
 No

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



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

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

3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 5*

4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child?

- Yes
- No → *Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

- Never
- Sometimes
- Usually
- Always

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

- None → *Go to Question 11*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

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

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 14*



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

- Yes
- No → *Go to Question 14*

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

- Yes
- No

SPECIALIZED SERVICES

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

- Yes
- No → *Go to Question 17*

15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- Never
- Sometimes
- Usually
- Always

16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- Yes
- No

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

- Yes
- No → *Go to Question 20*

18. In the last 6 months, how often was it easy to get this therapy for your child?

- Never
- Sometimes
- Usually
- Always

19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- Yes
- No

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

- Yes
- No → *Go to Question 23*

21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

- Never
- Sometimes
- Usually
- Always

22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

- Yes
- No

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

- Yes
- No → *Go to Question 25*

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

- Yes
- No



YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?
- Yes
 No → *Go to Question 40*
26. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?
- None → *Go to Question 36*
 1 time
 2
 3
 4
 5 to 9
 10 or more times
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?
- Never
 Sometimes
 Usually
 Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- Never
 Sometimes
 Usually
 Always
29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- Never
 Sometimes
 Usually
 Always

30. Is your child able to talk with doctors about his or her health care?
- Yes
 No → *Go to Question 32*
31. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?
- Never
 Sometimes
 Usually
 Always
32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?
- Never
 Sometimes
 Usually
 Always
33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?
- Yes
 No
34. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?
- Yes
 No → *Go to Question 36*
35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?
- Never
 Sometimes
 Usually
 Always

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

0 1 2 3 4 5 6 7 8 9 10

Worst Best

Personal Doctor Personal Doctor

Possible Possible

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

- Yes
- No → **Go to Question 40**

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

- Yes
- No

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

- Yes
- No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

- Yes
- No → **Go to Question 44**

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

- Never
- Sometimes
- Usually
- Always

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

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

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

0 1 2 3 4 5 6 7 8 9 10

Worst Best

Specialist Specialist

Possible Possible

YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → **Go to Question 47**

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

- Never
- Sometimes
- Usually
- Always



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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 49**

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

- Never
- Sometimes
- Usually
- Always

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

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

PRESCRIPTION MEDICINES

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

- Yes
- No → **Go to Question 53**

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → **Go to Question 58**

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

- Yes
- No → **Go to Question 58**

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

- Yes
- No

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

- Yes
- No → **Go to Question 61**



59. Is this because of any medical, behavioral, or other health condition?
- Yes
 No → *Go to Question 61*
60. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 No
61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?
- Yes
 No → *Go to Question 64*
62. Is this because of any medical, behavioral, or other health condition?
- Yes
 No → *Go to Question 64*
63. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 No
64. Does your child need or get special therapy such as physical, occupational, or speech therapy?
- Yes
 No → *Go to Question 67*
65. Is this because of any medical, behavioral, or other health condition?
- Yes
 No → *Go to Question 67*
66. Is this a condition that has lasted or is expected to last for at least 12 months?
- Yes
 No
67. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
- Yes
 No → *Go to Question 69*

68. Has this problem lasted or is it expected to last for at least 12 months?
- Yes
 No
69. What is your child's age?
- Less than 1 year old
 YEARS OLD (write in)
70. Is your child male or female?
- Male
 Female
71. Is your child of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
 No, not Hispanic or Latino
72. What is your child's race? Mark one or more.
- White
 Black or African-American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
 Other
73. What is your age?
- Under 18
 18 to 24
 25 to 34
 35 to 44
 45 to 54
 55 to 64
 65 to 74
 75 or older
74. Are you male or female?
- Male
 Female

75. What is the highest grade or level of school that you have completed?
- 8th grade or less
 - Some high school, but did not graduate
 - High school graduate or GED
 - Some college or 2-year degree
 - 4-year college graduate
 - More than 4-year college degree

76. How are you related to the child?
- Mother or father
 - Grandparent
 - Aunt or uncle
 - Older brother or sister
 - Other relative
 - Legal guardian
 - Someone else

ADDITIONAL QUESTIONS

77. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter at your child's personal doctor's office?

- Yes
- No → *Go to Question 79*

78. In the last 6 months, during visits to your child's personal doctor's office, how often did you get an interpreter when you needed one? Do not include times when you used a family member or friend to be an interpreter for you.

- Never
- Sometimes
- Usually
- Always

79. Some health plans help with non-medical concerns like housing, food, clothing, and childcare issues. In the last 6 months, did you talk with your child's personal doctor or health plan about getting help for any of these issues?

- Yes
- No → *Go to Question 81*

80. In the last 6 months, how often did you get help from your child's personal doctor or health plan for non-medical concerns when you needed it?

- Never
- Sometimes
- Usually
- Always

81. Your child's health plan can help with transportation to doctors' offices or clinics. This help can be an arranged ride, a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, how often did the help with transportation meet you and your child's needs?

- Never
- Sometimes
- Usually
- Always
- I did not ask my child's health plan for help with transportation in the last 6 months

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

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

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