

# 2025 MEDI-CAL CAHPS SURVEY SUMMARY REPORT

December 2025

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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>
- » **CalAIM**—California Advancing and Innovating Medi-Cal
- » **DDG**—Data De-Identification Guidelines
- » **DHCS**—California Department of Health Care Services
- » **ECM**—Enhanced Care Management
- » **EQR**—external quality review
- » **FFS**—fee-for-service
- » **HEDIS**<sup>®</sup>—Healthcare Effectiveness Data and Information Set<sup>2</sup>
- » **HSAG**—Health Services Advisory Group, Inc.
- » **MCMC**—Medi-Cal Managed Care program
- » **MCP**—Medi-Cal managed care health plan
- » **NCQA**—National Committee for Quality Assurance
- » **PHM**—Population Health Management
- » **PSP**—Population-specific health plan

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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).

# EXECUTIVE SUMMARY



## Survey Overview

The Centers for Medicare & Medicaid Services 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 members. The California Department of Health Care Services (DHCS) periodically assesses the perceptions and experiences of members as part of its process for evaluating the quality of health care services provided by Medi-Cal managed care health plans (MCPs), the fee-for-service (FFS) program, and population-specific health plans (PSPs).

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<sup>®</sup>) Health Plan Survey. The CAHPS survey administration is an optional Medicaid external quality review (EQR) activity to assess members' experiences 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 member experience. DHCS required that CAHPS surveys be administered to both adult members and parents/caretakers of child members.

This report presents a summary of the 2025 CAHPS results from adult members and parents/caretakers of child members enrolled in an MCP, FFS, or PSP, as applicable, who completed surveys from February to May 2025, which represent members' experiences with care and services over the prior six months. The standardized survey instruments selected were the CAHPS 5.1 Adult and Child Medicaid Health Plan Surveys with the Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) supplemental item set.<sup>3</sup> Table 1 provides a list of the 22 MCPs that participated in the survey.<sup>4</sup> The two PSPs, SCAN Health Plan (SCAN) and AIDS Healthcare Foundation (AHF), were sampled at the statewide level to provide a sufficient number of eligible members for the survey due to small enrollment numbers.

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<sup>3</sup> HSAG used the CAHPS 5.1 Child Medicaid Health Plan Survey without the children with chronic conditions measurement set.

<sup>4</sup> Prior to January 1, 2024, Kaiser Permanente was reported as two separate entities (i.e., KP Cal, LLC Kaiser SoCal [Kaiser SoCal] and KP Cal, LLC Kaiser NorCal [Kaiser NorCal]).



Table 1—Participating MCPs

MCP Names	
Alameda Alliance for Health (AAH)	Health Net Community Solutions, Inc. (Health Net)
Blue Cross of California Partnership Plan, Inc. DBA Anthem Blue Cross Partnership Plan (Anthem Blue Cross)	Health Plan of San Joaquin (HPSJ)
Blue Shield of California Promise Health Plan (Blue Shield Promise)	Health Plan of San Mateo (HPSM)
CalOptima	Inland Empire Health Plan (IEHP)
CalViva Health (CalViva)	Kaiser Permanente (Kaiser)
CenCal Health (CenCal)	Kern Health Systems, DBA Kern Family Health Care (KHS)
Central California Alliance for Health (CCAH)	L.A. Care Health Plan (L.A. Care)
Community Health Group Partnership Plan (CHG)	Molina Healthcare of California (Molina)
Community Health Plan of Imperial Valley (CHPIV)	Partnership HealthPlan of California (Partnership)
Contra Costa Health Plan (CCHP)	San Francisco Health Plan (SFHP)
Gold Coast Health Plan (GCHP)	Santa Clara Family Health Plan (SCFHP)

## Performance Highlights

HSAG calculated State weighted scores for the adult and child Medi-Cal populations. Overall, the differences between the State weighted scores and the National Committee for Quality Assurance (NCQA) Medicaid national 50th percentiles ranged from 4.30 percentage points below to 1.00 percentage points above the NCQA adult Medicaid national 50th percentiles, with an average of 1.70 percentage points below the NCQA adult Medicaid national 50th percentiles, and from 7.21 percentage points below to 0.09 percentage points above the NCQA child Medicaid national 50th percentiles, with an average of 2.54 percentage points below the NCQA child Medicaid national 50th percentiles.

HSAG calculated the 95 percent confidence intervals for each score and compared these intervals to the adult and child Medicaid national 50th percentiles. The following MCPs showed the greatest level of performance for the adult and child populations by scoring statistically significantly above the 2024 NCQA Medicaid national 50th percentiles for the following reportable measures:

- » Blue Shield Promise—*Rating of Health Plan* and *Rating of All Health Care* (adult population only)
- » CCHP—*Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor* (adult population only), and *Rating of Specialist Seen Most Often* (child population only)
- » CHG—*Rating of Health Plan* (adult population only) and *Rating of Specialist Seen Most Often*
- » CHPIV—*Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Specialist Seen Most Often* (adult population only)
- » IEHP—*Rating of Health Plan* and *Customer Service* (child population only)
- » Kaiser—*Rating of Health Plan*, *Rating of All Health Care* (adult population only), and *Rating of Specialist Seen Most Often* (adult population only)
- » KHS—*Rating of Personal Doctor* (adult population only)
- » HPSM—*Rating of Personal Doctor* (adult population only)
- » Molina—*How Well Doctors Communicate* (adult population only)
- » PSP Statewide—*Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, *Getting Care Quickly*, and *Customer Service* (adult population only)

SCFHP and L.A. Care showed the greatest opportunity for improvement for the adult and child population, respectively, with these MCPs having the most reportable measures demonstrating statistically significantly lower performance than the 2024 NCQA Medicaid national 50th percentiles.

DHCS demonstrates a commitment to monitor and improve members' experiences through the CAHPS survey administration. The CAHPS survey plays an important role as a quality improvement tool. 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 2025 CAHPS performance, the MCPs have opportunities to improve members' experience with care and services. The *Rating of Health Plan*, *Getting Needed Care*, and *Getting Care Quickly* measures show the greatest opportunities for improvement for the adult population, and the *Getting Needed Care* and *Getting Care Quickly* measures show the greatest opportunities for improvement for the child population, since these measures had the most MCPs with scores statistically significantly lower than the 50th percentiles. Low performance in these areas may point to issues with access to and timeliness and quality of care.

## Considerations

A total of six MCPs had fewer than 100 respondents for the *Rating of Specialist Seen Most Often* measure across the adult and child populations while two MCPs had fewer than 100 respondents for the *Customer Service* measure for the adult population. Only one MCP had greater than 100 respondents for one medical assistance with smoking and tobacco use cessation measure item.

Additionally, HSAG observed that the State weighted scores were below the 2024 NCQA Medicaid national 50th percentiles for every measure except *Rating of All Health Care* and *Rating of Specialist Seen Most Often* for the adult and child populations, respectively. At least one MCP scored statistically significantly below the NCQA Medicaid national 50th percentiles for all measures except for *Rating of All Health Care* (adult population only) and *Rating of Specialist Seen Most Often*. A total of eight MCPs and 17 MCPs for the adult and child populations, respectively, scored statistically significantly below the NCQA Medicaid national 50th percentile for the *Getting Care Quickly* measure, indicating concerns with timely access to health care. HSAG suggests that DHCS conduct ongoing evaluation of the quality improvement efforts described on page 113 to determine if they are resulting in a positive impact on member experience.

## BACKGROUND



## Medi-Cal Overview

In the State of California, DHCS administers the Medicaid program (Medi-Cal) through its FFS and managed care delivery systems. Medi-Cal provides services to more than 14 million members (approximately one-third of all Californians), including low-income children and families, seniors and persons with disabilities, and pregnant women.<sup>5</sup> A total of 94.6 percent of members are enrolled in a MCP, while the remaining members receive their care through DHCS' FFS delivery system.<sup>6</sup> On January 1, 2024, approximately 1.2 million members transitioned to a new MCP.<sup>7</sup>

## Medi-Cal Delivery System

The Medi-Cal Managed Care (MCMC) program provides health care services to members through managed care delivery systems. During the period for which HSAG administered the CAHPS surveys, DHCS contracted with 22 MCPs as seen in Table 1 and two PSPs, SCAN and AHF, to provide health care services in all 58 counties throughout California. MCMC members receive physical health care services through five main models of managed care as well as a model for PSPs. DHCS monitors MCMC plan performance across model types.

In addition to managed care, DHCS directly oversees health care services for Medi-Cal members enrolled in its FFS delivery system. The full or restricted scope FFS Medi-Cal delivery system includes the restricted scope population, individuals in the State or county inmate programs, share-of-cost individuals, and individuals enrolled in presumptive eligibility programs. Dual eligible members transitioned to managed care

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<sup>5</sup> California Department of Health Care Services. *Medi-Cal at a Glance*. June 2025. Available at: <https://www.dhcs.ca.gov/dataandstats/reports/Documents/Medi-Cal-at-a-Glance.pdf>. Accessed on: Aug 14, 2025.

<sup>6</sup> Ibid.

<sup>7</sup> California Department of Health Care Services. *Medi-Cal Changes in 2024*. November 2023. Available at: <https://www.dhcs.ca.gov/Portals/0/Docs/DO/FSSBNov2023/AgendaItem5.DepartmentofHealthCareServicesUpdate.pdf>. Accessed on: Aug 14, 2025.

enrollment in 2023. As of March 2025, approximately 5.4 percent of all Medi-Cal members were in FFS.<sup>8</sup>

## How DHCS Uses Member Experience Results

The overall goal of DHCS is to preserve and improve the health status of all Californians. Since Medi-Cal serves some of California's most vulnerable populations, the need to evaluate and monitor the quality of and access to health care, including member 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 the CAHPS surveys administration. DHCS shares plan-specific and aggregate CAHPS results with the plans and publicly releases the *CAHPS Survey Summary Report* on its website as a reliable and supportive tool to assist Medi-Cal members 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 members and uses the data as part of its annual performance assessment of MCPs and Medi-Cal as a whole.

DHCS' quality strategy includes the goal to engage members to be actively involved in their own health care and to provide input to DHCS about its Medi-Cal policy. Through Consumer Advisory Committees, the MCPs review Member Services' Quality Improvement activities, including survey results, and make recommendations based on feedback from members, advocates, stakeholders, and select providers.<sup>9</sup> Furthermore, DHCS seeks to prioritize member experience in all quality improvement efforts.

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<sup>8</sup> California Department of Health Care Services. *Medi-Cal at a Glance*. June 2025. Available at: <https://www.dhcs.ca.gov/dataandstats/reports/Documents/Medi-Cal-at-a-Glance.pdf>. Accessed on: Aug 14, 2025.

<sup>9</sup> Steward, M., et al. Center for Health Care Strategies. *Designing Medi-Cal Consumer Advisory Committees: Insights from a Survey of Medi-Cal Managed Care Plans*. July 2023. Available at: <https://www.chcf.org/wp-content/uploads/2023/06/DesigningMedi-CalConsumerAdvisoryCommittees.pdf>. Accessed on: Aug 14, 2025.

Beginning in 2023, DHCS incorporated CAHPS survey results into MCP payment rates.<sup>10</sup> The 2024 Medi-Cal Managed Care contracts strengthened transparency by requiring the MCPs to publicly post activity information, including CAHPS survey results, and required the CAHPS surveys administration annually (previously every two years) beginning with the 2024 survey administration.<sup>11,12</sup>

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<sup>10</sup> 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 14, 2025.

<sup>11</sup> Ibid.

<sup>12</sup> California Department of Health Care Services. *Medi-Cal Changes in 2024*. November 2023. Available at: <https://www.dhcs.ca.gov/Portals/0/Docs/DO/FSSBNov2023/AgendaItem5.DepartmentofHealthCareServicesUpdate.pdf>. Accessed on: Aug 14, 2025.

# METHODOLOGY





## CAHPS Performance Measures

CAHPS performance measures are derived from individual questions, such as asking for a general rating, as well as groups of questions that form composite measures. Table 2 lists the measures included in the CAHPS 5.1 Adult and Child Medicaid Health Plan Surveys with the HEDIS supplemental item set.

Table 2—CAHPS Measures

Global Ratings	Composite Measures	Medical Assistance with Smoking and Tobacco Use Cessation Measure Items (Adult Population Only)
<i>Rating of Health Plan</i>	<i>Getting Needed Care</i>	<i>Advising Smokers and Tobacco Users to Quit</i>
<i>Rating of All Health Care</i>	<i>Getting Care Quickly</i>	<i>Discussing Cessation Medications</i>
<i>Rating of Personal Doctor</i>	<i>How Well Doctors Communicate</i>	<i>Discussing Cessation Strategies</i>
<i>Rating of Specialist Seen Most Often</i>	<i>Customer Service</i>	

Table 3 and Table 4 present the survey language and response options for each measure for the adult and child surveys, respectively. The CAHPS survey includes gate items, also known as screening items, that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses for the measures. The measures that are affected by these gate items are noted within footnotes in each table.

Table 3—Adult CAHPS Survey Language and Response Options

Question Language	Response Options
<b>Global Ratings</b>	
<b><i>Rating of Health Plan</i></b>	
28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0–10 Scale
<b><i>Rating of All Health Care</i><sup>13</sup></b>	
8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?	0–10 Scale
<b><i>Rating of Personal Doctor</i><sup>14</sup></b>	
18. 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?	0–10 Scale

<sup>13</sup> For *Rating of All Health Care*, the gate question asks respondents how many times they received health care in person, by phone, or by video, not counting the times they went to the emergency room in the last six months. If respondents answer “None” to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

<sup>14</sup> For *Rating of Personal Doctor*, the gate question asks respondents if they have a personal doctor. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

Question Language	Response Options
<b><i>Rating of Specialist Seen Most Often</i><sup>15</sup></b>	
22. We want to know your rating of the specialist you 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?	0–10 Scale
<b>Composite Measures</b>	
<b><i>Getting Needed Care</i><sup>16</sup></b>	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	Never, Sometimes, Usually, Always
20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?	Never, Sometimes, Usually, Always
<b><i>Getting Care Quickly</i><sup>17</sup></b>	
4. In the last 6 months, when you <u>needed care right away</u> , how often did you get care as soon as you needed?	Never, Sometimes, Usually, Always

<sup>15</sup> For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments with a specialist in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

<sup>16</sup> For *Getting Need Care*, the gate questions ask respondents how many times they received health care in person, by phone, or by video, not counting the times they went to the emergency room in the last six months and did they make any appointments with a specialist in the last six months. If respondents answer “None” or “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

<sup>17</sup> For *Getting Care Quickly*, the gate questions ask respondents if they had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

Question Language	Response Options
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> as soon as you needed?	Never, Sometimes, Usually, Always
<b>How Well Doctors Communicate<sup>18</sup></b>	
12. 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
13. In the last 6 months, how often did your personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. In the last 6 months, how often did your personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
15. In the last 6 months, how often did your personal doctor spend enough time with you?	Never, Sometimes, Usually, Always
<b>Customer Service<sup>19</sup></b>	
24. 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
25. 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

<sup>18</sup> For *How Well Doctors Communicate*, the gate question asks respondents if they have a personal doctor. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

<sup>19</sup> For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their health plan in the last six months. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.

Question Language	Response Options
<b>Medical Assistance With Smoking and Tobacco Use Cessation Measure Items<sup>20</sup></b>	
<b><i>Advising Smokers and Tobacco Users to Quit</i></b>	
32. 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
<b><i>Discussing Cessation Medications</i></b>	
33. 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
<b><i>Discussing Cessation Strategies</i></b>	
34. 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

<sup>20</sup> For the medical assistance with smoking and tobacco use cessation measure items, the gate question asks respondents if they smoke cigarettes or use tobacco every day, some days, or not at all. If respondents answer "Not at all" or "Don't know" to this question, they are directed to skip the questions that collectively comprise the medical assistance with smoking and tobacco use cessation measure items.

Table 4—Child CAHPS Survey Language and Response Options

Question Language	Response Options
<b>Global Ratings</b>	
<b><i>Rating of Health Plan</i></b>	
31. 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?	0–10 Scale
<b><i>Rating of All Health Care</i><sup>21</sup></b>	
8. 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?	0–10 Scale
<b><i>Rating of Personal Doctor</i><sup>22</sup></b>	
21. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	0–10 Scale

<sup>21</sup> For *Rating of All Health Care*, the gate question asks respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months. If respondents answer "None" to this question, they are directed to skip the question that comprises the *Rating of All Health Care* measure.

<sup>22</sup> For *Rating of Personal Doctor*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Rating of Personal Doctor* measure.

Question Language	Response Options
<b><i>Rating of Specialist Seen Most Often</i><sup>23</sup></b>	
25. 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?	0–10 Scale
<b>Composite Measures</b>	
<b><i>Getting Needed Care</i><sup>24</sup></b>	
9. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
23. 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
<b><i>Getting Care Quickly</i><sup>25</sup></b>	
4. In the last 6 months, when your child <u>needed care right away</u> , how often did your child get care as soon as he or she needed?	Never, Sometimes, Usually, Always

<sup>23</sup> For *Rating of Specialist Seen Most Often*, the gate question asks respondents if they made any appointments for their child with a specialist in the last six months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Specialist Seen Most Often* measure.

<sup>24</sup> For *Getting Needed Care*, the gate questions ask respondents how many times their child received health care in person, by phone, or by video, not counting the times their child went to the emergency room in the last six months and did they make any appointments for their child with a specialist in the last six months. If respondents answer “None” or “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Needed Care* measure.

<sup>25</sup> For *Getting Care Quickly*, the gate questions ask respondents if their child had an illness, injury, or condition that needed care right away and did they make any in person, phone, or video appointments for a check-up or routine care for their child. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Getting Care Quickly* measure.

Question Language	Response Options
6. In the last 6 months, how often did you get an appointment for a <u>check-up or routine care</u> for your child as soon as your child needed?	Never, Sometimes, Usually, Always
<b><i>How Well Doctors Communicate</i><sup>26</sup></b>	
12. 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
13. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
14. 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
17. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
<b><i>Customer Service</i><sup>27</sup></b>	
27. 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
28. 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

<sup>26</sup> For *How Well Doctors Communicate*, the gate question asks respondents if their child has a personal doctor. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *How Well Doctors Communicate* measure.

<sup>27</sup> For *Customer Service*, the gate question asks respondents if they received information or help from customer service at their child's health plan in the last six months. If respondents answer "No" to this question, they are directed to skip the questions that collectively comprise the *Customer Service* measure.



## How CAHPS Survey Results Were Collected

### Sampling Procedures

The NCQA HEDIS specifications require that HSAG be provided a list of all eligible MCP members for the sampling frame.<sup>28</sup> DHCS also provided HSAG with a list of all eligible members for the FFS and PSP sample frames. HSAG sampled members who met the following criteria:

- » Were 18 years of age or older as of December 31, 2024, for the adult population.
- » Were 17 years of age or younger as of December 31, 2024, for the child population.
- » Were currently enrolled in the MCP, FFS, or PSP.
- » Were continuously enrolled in the MCP, FFS, or PSP for at least five of the last six months of 2024 (i.e., July through December 2024) with no more than a 45-day gap in enrollment.

Following NCQA's specifications, the first step of the sampling strategy was for HSAG to select a systematic sample of adult and child MCMC members at the MCP level. HSAG selected a random sample of adult and child Medi-Cal FFS and adult PSP members at the statewide level. Based on the NCQA minimum required sample sizes for the CAHPS Medicaid Health Plan Survey, HSAG selected a minimum of 1,350 adult and 1,650 child Medi-Cal members from each plan/population.

Based on historical CAHPS disposition information for the California MCMC and FFS populations, HSAG determined that oversampling was required. HSAG conducted an oversample of the adult and child Medi-Cal populations for a total sample of 69,419 adult and 124,894 child MCMC members; 9,261 adult and 5,759 child FFS members; and 1,350 adult PSP members.

HSAG inspected the sample file records from the sample 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 sampled members' addresses through the United States Postal Service's National Change of Address

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<sup>28</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

system, as available. HSAG submitted the results from the adult and child MCP samples to NCQA.

In the context of NCQA's recommended sample size for the CAHPS Medicaid Health Plan Surveys, DHCS' surveying and reporting needs, and allotted funds available, Table 5 and Table 6 depict the sample sizes for the adult and child Medi-Cal populations, respectively, including any oversampling.

Table 5—Adult Medi-Cal Sample Sizes

Medi-Cal Population	General Sample Size	General Oversample Size	Total Sample Size
AAH	1,350	1,350	2,700
Anthem Blue Cross	1,350	3,807	5,157
Blue Shield Promise	1,350	1,998	3,348
CalOptima	1,350	783	2,133
CalViva	1,350	2,133	3,483
CenCal	1,350	1,364	2,714
CCAH	1,350	1,661	3,011
CHG	1,350	1,242	2,592
CHPIV	1,350	1,809	3,159
CCHP	1,350	1,377	2,727
FFS	1,350	7,911	9,261
GCHP	1,350	1,890	3,240
Health Net	1,350	2,808	4,158
HPSJ	1,350	2,565	3,915
HPSM	1,350	1,566	2,916
IEHP	1,350	2,511	3,861
Kaiser	1,350	1,742	3,092
KHS	1,350	1,634	2,984

Medi-Cal Population	General Sample Size	General Oversample Size	Total Sample Size
L.A. Care	1,350	1,107	2,457
Molina	1,350	1,836	3,186
Partnership	1,350	2,376	3,726
PSP Statewide	1,350	0	1,350
SFHP	1,350	1,431	2,781
SCFHP	1,350	729	2,079
<b>Total Sample</b>	<b>32,400</b>	<b>47,630</b>	<b>80,030</b>

Table 6—Child Medi-Cal Sample Sizes

Medi-Cal Population	General Sample Size	General Oversample Size	Total Sample Size
AAH	1,650	4,654	6,304
Anthem Blue Cross	1,650	7,483	9,133
Blue Shield Promise	1,650	4,954	6,604
CalOptima	1,650	1,738	3,388
CalViva	1,650	4,444	6,094
CenCal	1,650	1,558	3,208
CCAH	1,650	1,485	3,135
CHG	1,650	3,075	4,725
CHPIV	1,650	3,504	5,154
CCHP	1,650	3,782	5,432
FFS	1,650	4,109	5,759
GCHP	1,650	2,806	4,456
Health Net	1,650	6,436	8,806

Medi-Cal Population	General Sample Size	General Oversample Size	Total Sample Size
HPSJ	1,650	5,844	7,494
HPSM	1,650	2,228	3,878
IEHP	1,650	6,972	8,622
Kaiser	1,650	3,048	4,698
KHS	1,650	4,206	5,856
L.A. Care	1,650	6,287	7,937
Molina	1,650	6,006	7,656
Partnership	1,650	3,008	4,658
SFHP	1,650	2,739	4,389
SCFHP	1,650	2,337	3,987
<b>Total Sample</b>	<b>37,950</b>	<b>92,703</b>	<b>130,653</b>

## Survey Protocol

The survey administration process allowed two methods by which a survey could be completed in English or Spanish: (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 code and designated username. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the cover letter, with an English backside, and survey. Members who were not identified as Spanish speaking received an English version of the cover letter, with a Spanish backside, and survey. The English and Spanish versions of the survey included a toll-free number that members could call to request a survey in another language (i.e., English or Spanish). The first survey mailing was followed by a reminder postcard. A second survey mailing was sent to all non-respondents, which was followed by a second reminder postcard. Finally, a third survey mailing was sent to all non-respondents.

The HEDIS specifications for CAHPS require that the name of the Medi-Cal population 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.

The survey administration started in February 2025, and the survey field remained open until closing in May 2025. Table 7 shows the timeline used in the survey administration.

**Table 7—CAHPS Survey Timeline**

Task	Timeline
Send a first survey with cover letter to the member or parent/ caretaker of the child member. Make the website available to complete the survey online.	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 28 days after mailing the first survey.	28 days
Send a second postcard reminder to non-respondents 7 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 the survey field.	84 days

## How CAHPS Survey Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in *HEDIS Measurement Year 2024, 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 member experience. This portion of the report includes an overview of each analysis that HSAG conducted.

## Response Rates

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.<sup>29</sup> A survey is assigned a disposition code of “completed” if adult members or parents/caretakers of child members answered at least three of the following questions: 3, 10, 19, 23, and 28 for adult Medicaid and 3, 10, 22, 26, and 31 for child Medicaid.<sup>30</sup> Eligible members include the entire sample (including any oversample) minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 19), were mentally or physically incapacitated (adult population only), or had a language barrier (the survey was made available in English and Spanish).

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

## Respondent Analysis

HSAG evaluated the demographic characteristics (i.e., age, gender, race, and ethnicity) of adult and child members as part of the respondent analysis. HSAG performed a *t* test to determine whether the demographic characteristics of members who responded to the survey (i.e., respondent percentages) were statistically significantly different from the demographic characteristics of all members in the sample frame (i.e., sample frame percentages). Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics section, which uses responses from the survey as the data source. HSAG used the 95 percent confidence interval of the respondent percentage to determine whether demographic characteristics of survey respondents were statistically significantly different from demographic characteristics of all members in the sample frame. If the sample frame percentage was below the lower bound of the 95 percent confidence interval of the respondent percentage, the respondent percentage was statistically significantly higher than the sample frame percentage for the demographic category. If the sample frame percentage was above the upper bound of the 95 percent

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<sup>29</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

<sup>30</sup> Please refer to Appendix B: Survey Instruments for copies of the survey instruments to see the survey question language.

confidence interval of the respondent percentage, the respondent percentage was statistically significantly lower than the sample frame percentage for the demographic category. If the sample frame percentage encompassed the 95 percent confidence interval of the respondent percentage, there was no statistically significant difference between the respondent percentage and the sample frame percentage for the demographic category.

Respondent percentages within a particular demographic category that were statistically significantly higher than the sample frame percentages are denoted with black upward arrows (↑) in the table. Respondent percentages within a particular demographic category that were statistically significantly lower than the sample frame percentages are denoted with black downward arrows (↓) in the table. Respondent percentages that were not statistically significantly higher or lower are not denoted with arrows. Caution should be exercised when extrapolating the survey results to the entire population if the average characteristics of respondents differ significantly from the MCP, FFS, or PSP populations.

## Scoring Calculations

HSAG calculated top-box scores for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.<sup>31</sup> HSAG suppressed scores for measures that have fewer than 100 respondents. For purposes of calculating top-box results, top-box responses were assigned a score value of one, and all other responses were assigned a score value of zero. A “top-box” response was defined as follows:

- » “8,” “9,” or “10” for the global ratings.
- » “Usually” or “Always” for the composite measures.

Table 8 illustrates how HSAG determined the top-box score values.

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<sup>31</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

Table 8—Determining Global Rating and Composite Measure Score Values

Response Category	Score Values
<b>Global Ratings</b>	
0–7	0
8–10	1
<b>Composite Measures</b>	
Never	0
Sometimes	0
Usually	1
Always	1

### Global Ratings

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.

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

*i = 1, ..., n members responding to question*  
*x<sub>i</sub> = score of member on question (either 0 or 1)*

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

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

*i = 1, ..., n members responding to question*  
*x<sub>i</sub> = score of member on question (either 0 or 1)*  
*u = average score of member on question*



HSAG used the 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 Measures

HSAG calculated top-box scores and their corresponding variances and 95 percent confidence intervals for each composite measure. HSAG calculated the composite top-box score by first determining the top-box score for each question (i.e., proportion responding with a score of 1 for each question). HSAG repeated this step for each question in the composite. Finally, HSAG determined the average proportion responding with a score of 1 across all 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.

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

*i = 1, ..., m questions in a composite*  
*j = 1, ..., n<sub>i</sub> members responding to question i*  
*x<sub>ij</sub> = 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:

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

*i = 1, ..., m questions in a composite*  
*j = 1, ..., n<sub>i</sub> members responding to question i*  
*x<sub>ij</sub> = 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:

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

### Medical Assistance with Smoking and Tobacco Use Cessation Measure Items

HSAG calculated three scores that assess different facets of providing medical assistance with smoking and tobacco use cessation:<sup>32</sup>

- » *Advising Smokers and Tobacco Users to Quit*
- » *Discussing Cessation Medications*
- » *Discussing Cessation Strategies*

Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The scores presented follow NCQA’s methodology of calculating a rolling average using two years of results. The 2025 results for the MCPs, FFS, and PSP statewide population contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2024 or 2025. The 2024 results for the MCPs contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2023 or 2024. The 2024 results for the PSP statewide population contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2024 only since HSAG did not administer the CAHPS survey for the PSPs in 2023. The 2023 results for the MCPs contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2021 or 2023.<sup>33</sup> The 2023 results for FFS contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2023 only since 2023 was the first year HSAG administered the CAHPS survey for FFS.

HSAG calculated a variance and 95 percent confidence interval for each score using the same formulas as the global ratings on page 26.

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<sup>32</sup> HSAG presents scores for the medical assistance with smoking and tobacco use cessation measure items for the adult population only.

<sup>33</sup> HSAG did not administer CAHPS surveys to the MCPs, PSPs, or FFS in 2022.

## State-Level Scores

HSAG presents the 2023, 2024, and 2025 State weighted (i.e., MCPs, FFS, and PSPs combined) scores for each CAHPS measure evaluated through the CAHPS Adult and Child Medicaid Health Plan Surveys.<sup>34</sup> HSAG used the sample frame files to determine the eligible population size for each MCP, FFS, and PSP, as applicable. HSAG calculated a general sample (including the oversample) probability and then calculated a weight for each general sample respondent using the formulas below.

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

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

Where:

$GP_r$  = probability for respondent  $r$  from the general sample

$GSS_p$  = general sample size for MCP/FFS/PSP  $p$

$EP_p$  = eligible population size for MCP/FFS/PSP  $p$

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

HSAG presents the results for the adult and child populations separately and the NCQA Medicaid national 50th percentile and 90th percentile data for comparison purposes. The State weighted scores included sample respondents from the MCP, FFS, and PSP general sample and oversample.

HSAG performed a  $t$  test to determine whether results in 2023 and 2024 were statistically significantly different (i.e.,  $p$  value < 0.05) from results in 2025. Scores that were statistically significantly higher in 2023 or 2024 than in 2025 are denoted with upward triangles (▲). Scores that were statistically significantly lower in 2023 or 2024 than in 2025 are denoted with downward triangles (▼). Scores in 2023 or 2024 that were not statistically significantly different from scores in 2025 are not denoted with triangles.

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<sup>34</sup> The 2023 State weighted scores only include the MCPs and FFS since the PSPs were not included in the 2023 survey administration. In addition, the 2023 State weighted scores include Aetna and CHW. The 2024 State weighted scores do not include CHPIV since CHPIV was first surveyed in the 2025 survey administration.

## State Comparisons

For purposes of the State Comparisons analyses, HSAG presents the adult and child population results separately for each measure. HSAG presents MCP-level, FFS statewide-level, and PSP statewide-level results and includes the State weighted scores in the figures for reference only. The NCQA adult and child Medicaid national 50th percentile and 90th percentile data are included as vertical lines in the figures.<sup>35,36</sup>

HSAG used responses from the MCP-level, FFS statewide-level, and PSP statewide-level samples to report each measure, and the results were not weighted. HSAG calculated the 95 percent confidence intervals for each score and compared these intervals to the adult and child Medicaid national 50th percentiles. If the Medicaid national 50th percentile was below the lower bound of the 95 percent confidence interval, the measure was statistically significantly above the Medicaid national 50th percentile. If the Medicaid national 50th percentile was above the upper bound of the 95 percent confidence interval, the measure was statistically significantly below the Medicaid national 50th percentile. If the Medicaid national 50th percentile encompassed the 95 percent confidence interval, there was no statistically significant difference between the score and the Medicaid national 50th percentile for the measure.

## Comparative Analysis

HSAG performed an analysis for each measure that compared 20 of the 22 MCPs and FFS 2025 scores to the corresponding 2023 scores and 21 of the 22 MCPs, FFS, and adult PSP 2025 scores to the corresponding 2024 scores, as applicable, to determine whether there were statistically significant differences.<sup>37,38</sup> HSAG presents the adult and child population results separately.

HSAG performed a *t* test to determine whether results in 2025 were statistically significantly different from results in 2023 and 2024. Scores that were statistically

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<sup>35</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2024*. Washington, DC: NCQA, September 2024.

<sup>36</sup> NCQA national data for 2025 were not available at the time this report was prepared; therefore, 2024 NCQA national data are presented in this section.

<sup>37</sup> Prior to the 2024 survey administration, Kaiser was two separate entities.

<sup>38</sup> CHPIV was not included in the 2023 or 2024 survey administration and, therefore, is not included in the comparative analyses. The PSPs were included at the statewide level in the 2024 survey administration for the first time; therefore, 2023 rates are not available.

significantly higher in 2023 or 2024 than in 2025 are denoted with upward triangles (▲). Scores that were statistically significantly lower in 2023 or 2024 than in 2025 are denoted with downward triangles (▼). Scores in 2023 or 2024 that were not statistically significantly different from scores in 2025 are denoted with a dash (—). For more information on the comparative analysis, please refer to the “State-Level Scores” heading in the Methodology section of this report on page 29.

## Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analysis, and interpretation. These limitations should be considered carefully when interpreting or generalizing the findings.

According to NCQA HEDIS Specifications for Survey Measures, if a measure has fewer than 100 respondents, the measure is not reportable; therefore, in the figures throughout this report, HSAG does not present the results for measures with fewer than 100 respondents.<sup>39</sup>

## Causal Inferences

Although this report examines whether respondents report different experiences with various aspects of health care, these differences may not be completely attributable to the MCP, FFS, or PSP. The survey itself does not necessarily reveal the exact cause of these differences. As such, caution should be exercised when interpreting these results.

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<sup>39</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

## National Data

HSAG compared the 95 percent confidence interval of each MCP's, FFS population's, and PSP statewide population's scores with the NCQA Medicaid national 50th percentile.<sup>40</sup> NCQA does not calculate 95 percent confidence intervals; therefore, HSAG could only compare each MCP's, FFS population's, and PSP statewide population's 95 percent confidence intervals to the NCQA Medicaid national 50th percentile (and not the national 95 percent confidence interval). Also, the national data consist of Medicaid members enrolled in a managed care organization, which differs from the FFS and PSP statewide populations. Caution should be exercised when interpreting the significant results of the comparisons to NCQA Medicaid national percentiles.

## Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by plan or program. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier. To identify potential non-response bias at the state-level, HSAG compared the scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. Table 9 presents the results of the non-response bias analysis. DHCS should consider that potential non-response bias may exist when interpreting CAHPS results.

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<sup>40</sup> National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data* 2024. Washington, DC: NCQA, September 2024.

Table 9—Non-Response Bias Analysis

- ↑ Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias).
- ↓ Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias).
- Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure.
- NA Indicates that this measure is not applicable for the population.

Measure	2023		2024		2025	
	Adult	Child	Adult	Child	Adult	Child
<i>Rating of All Health Care</i>	—	↑	—	↑	—	↑
<i>Getting Care Quickly</i>	—	—	↓	—	—	—
<i>How Well Doctors Communicate</i>	—	—	—	—	↑	—
<i>Customer Service</i>	—	↓	—	—	—	—
<i>Advising Smokers and Tobacco Users to Quit</i>	↑	NA	—	NA	—	NA
<i>Discussing Cessation Strategies</i>	↑	NA	—	NA	—	NA

## RESULTS





## Survey Respondents

The CAHPS survey response rate is the total number of completed surveys divided by all eligible members in the sample. If a sampled adult member or parent/caretaker of a sampled child member appropriately answered at least three of five NCQA-specified questions in the survey, HSAG counted the survey as complete.<sup>41</sup>

Table 10 presents the total number of members sampled, the number of ineligible and eligible members, the number of surveys completed, and the response rate for the adult and child members selected for surveying. The adult and child Medicaid national response rates reported by NCQA for 2024 were 12.9 percent and 11.2 percent, respectively. The overall Medi-Cal adult and child member response rates were lower than the adult and child Medicaid national response rates, except for PSP Statewide. In 2024, the adult and child MCP response rates (10.59 percent and 10.14 percent, respectively) were higher than the 2025 response rates, and the adult and child FFS response rates (7.81 percent and 8.28 percent, respectively) were higher than the 2025 response rates. While the 2025 response rates were lower than the national and prior year's response rates for the MCPs and lower than the national response rates for FFS, HSAG designed the sampling strategy with this in mind (i.e., accounted for the national trend of declining response rates). For more information on the calculation of the response rates, please refer to the "Response Rates" heading in the Methodology section of this report on page 24.

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<sup>41</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, 10, 19, 23, and 28. 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, 10, 22, 26, and 31. Please refer to Appendix B: Survey Instruments for copies of the survey instruments to see the survey question language.

Table 10—Total Number of Respondents and Response Rate

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

	Total Adult MCP	Total Child MCP	Total Adult FFS	Total Child FFS	Total PSP Statewide
Sample Size	69,419	124,894	9,261	5,759	1,350
Ineligible Members	317	185	112	81	28
Eligible Sample	69,102	124,709	9,149	5,678	1,322
Number of Surveys Completed	7,298	12,010	314	415	527
Response Rate	10.56%	9.63%	3.43%	7.31%	39.86%

## Respondent Analysis

HSAG compared the demographic characteristics of survey respondents to the demographic characteristics of all adult and child members in the sample frame for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, race, and ethnicity. For this analysis, the adult and child populations' results are presented separately. Please note that variables from the sample frame were used as the data source for this analysis. Please refer to Appendix A: Respondent Analysis Results for the detailed results of the respondent analysis.

## State-Level Scores

For more information on the calculation of the scores and state-level scores, please refer to the "Scoring Calculations," "State-Level Scores," and "Comparative Analysis" headings in the Methodology section of this report on pages 25, 29, and 30, respectively.<sup>42</sup>

<sup>42</sup> HSAG recalculated 2023 scores to report scores out to two decimal places. Therefore, the 2023 results in this report will not match the 2023 report.

## Global Ratings

Figure 1 shows the 2023, 2024, and 2025 adult State weighted top-box scores and the 2024 NCQA adult Medicaid national 50th percentiles and 90th percentiles for the four global ratings.

Figure 1—Global Ratings: Adult Top-Box Scores (State Level)

▲ Indicates the score is statistically significantly higher than the 2025 score.

▼ Indicates the score is statistically significantly lower than the 2025 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.

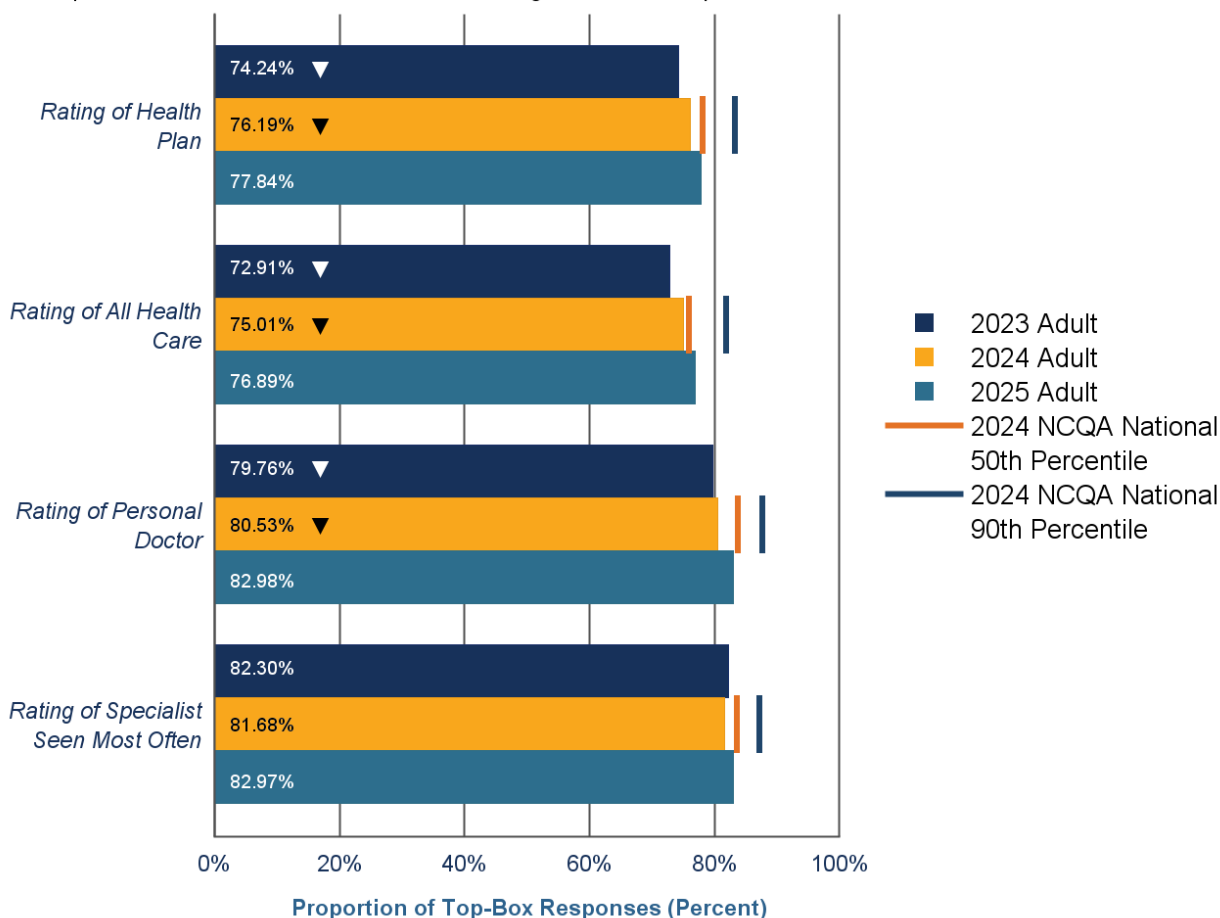


Figure 2 shows the 2023, 2024, and 2025 child State weighted top-box scores and the 2024 NCQA general child Medicaid national 50th percentiles and 90th percentiles for the four global ratings.

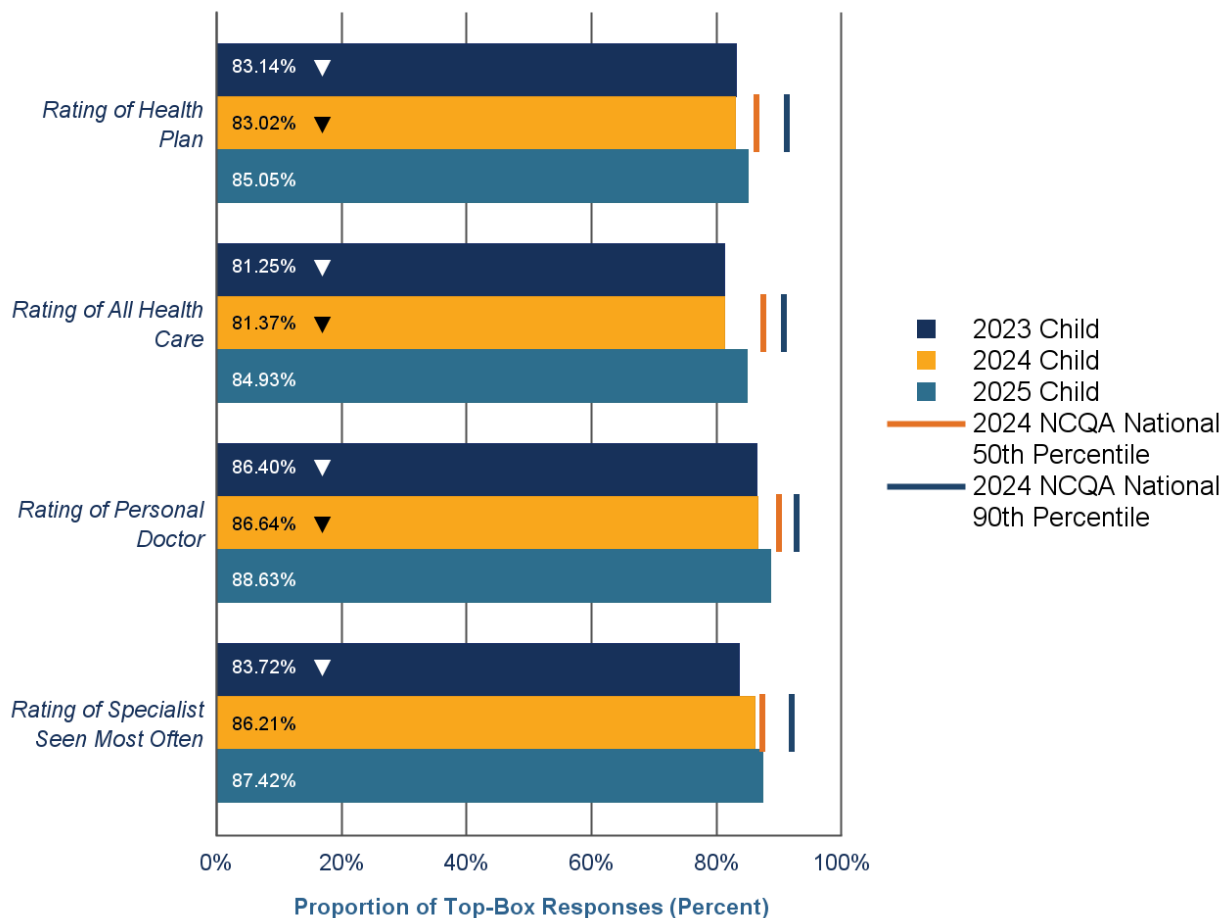
Figure 2—Global Ratings: Child Top-Box Scores (State Level)

▲ Indicates the score is statistically significantly higher than the 2025 score.

▼ Indicates the score is statistically significantly lower than the 2025 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.



## Composite Measures

Figure 3 shows the 2023, 2024, and 2025 adult State weighted top-box scores and the 2024 NCQA adult Medicaid national 50th percentiles and 90th percentiles for the four composite measures.

Figure 3—Composite Measures: Adult Top-Box Scores (State Level)

▲ Indicates the score is statistically significantly higher than the 2025 score.

▼ Indicates the score is statistically significantly lower than the 2025 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.

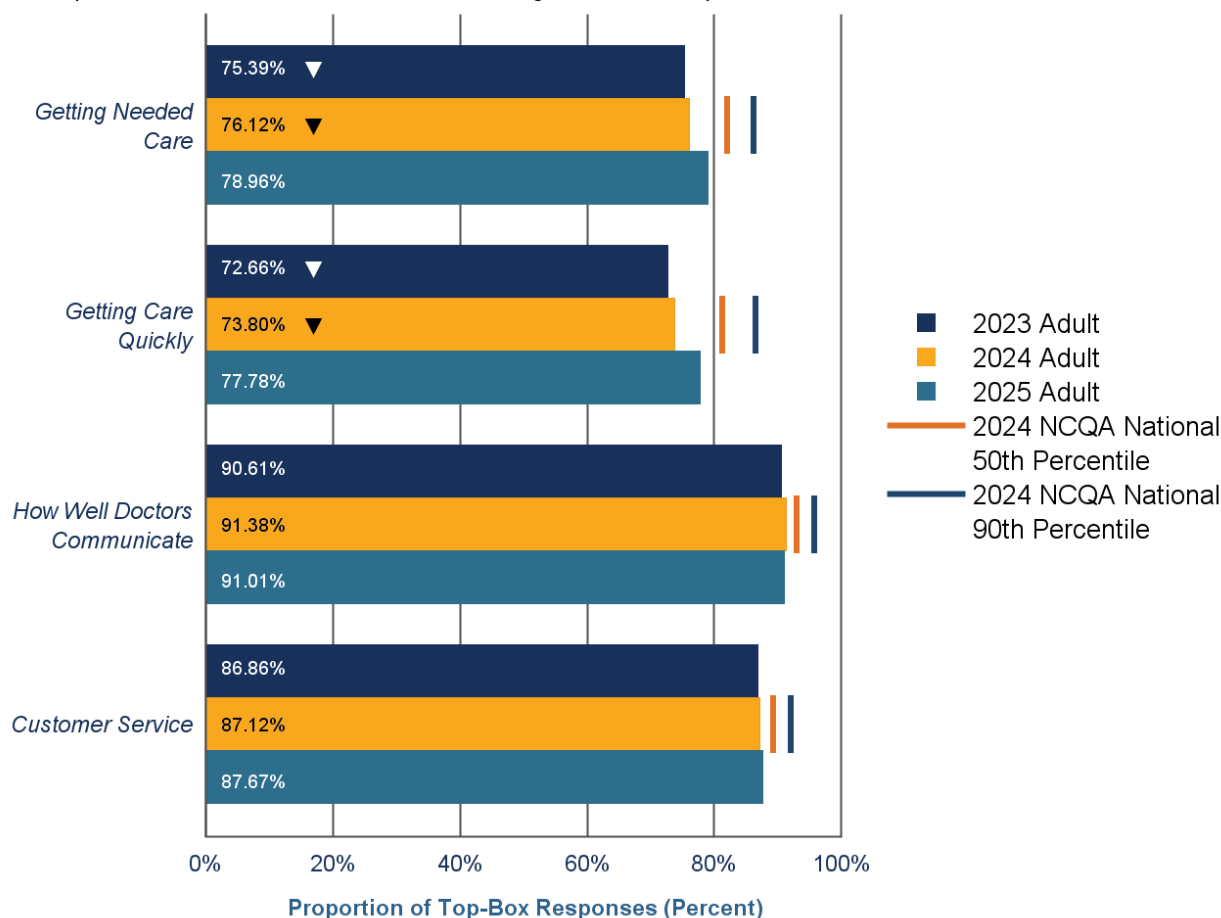


Figure 4 shows the 2023, 2024, and 2025 child State weighted top-box scores and the 2024 NCQA general child Medicaid national 50th percentiles and 90th percentiles for the four composite measures.

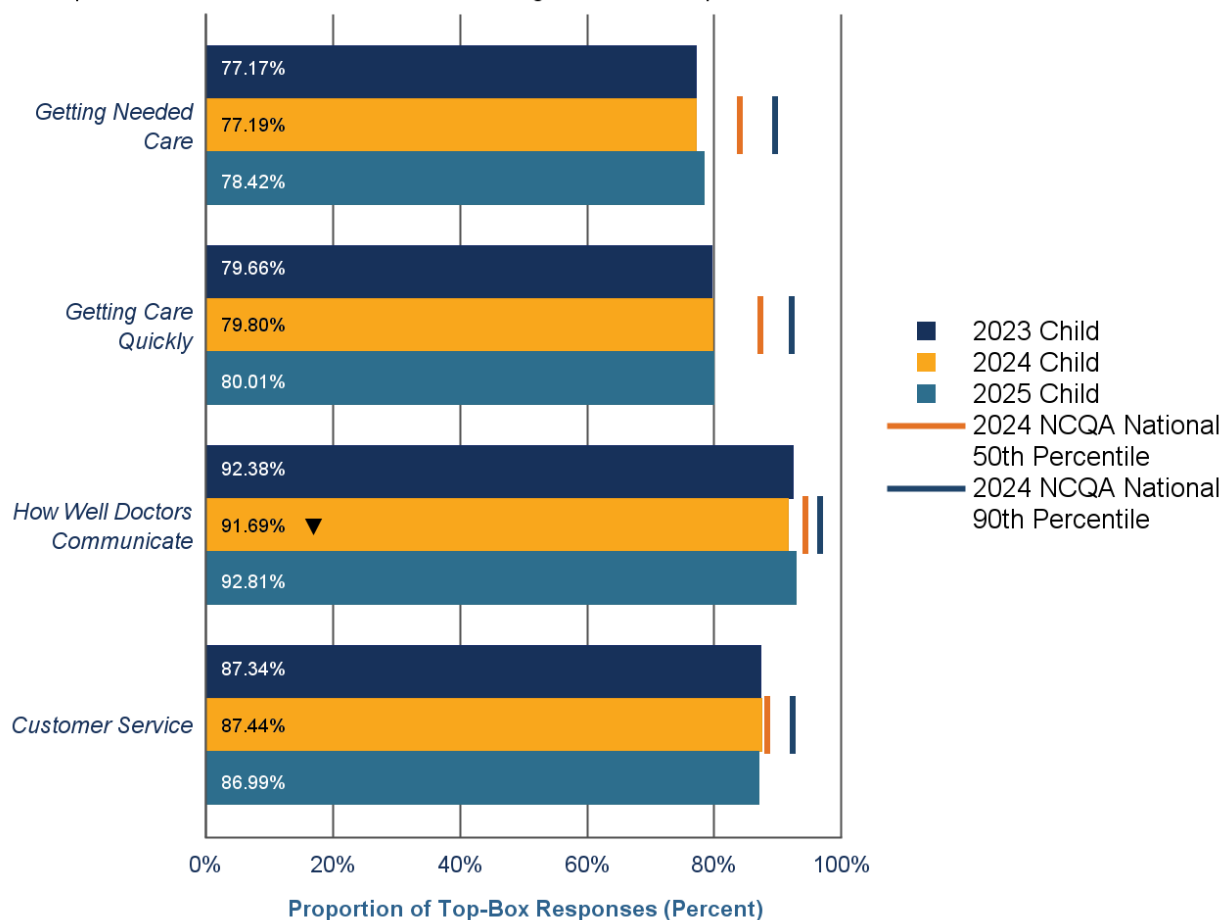
Figure 4—Composite Measures: Child Top-Box Scores (State Level)

▲ Indicates the score is statistically significantly higher than the 2025 score.

▼ Indicates the score is statistically significantly lower than the 2025 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.



## Medical Assistance with Smoking and Tobacco Use Cessation Measure Items

Figure 5 shows the 2023, 2024, and 2025 adult State weighted scores and the 2024 NCQA adult Medicaid national 50th percentiles and 90th percentiles for the three medical assistance with smoking and tobacco use cessation measure items.

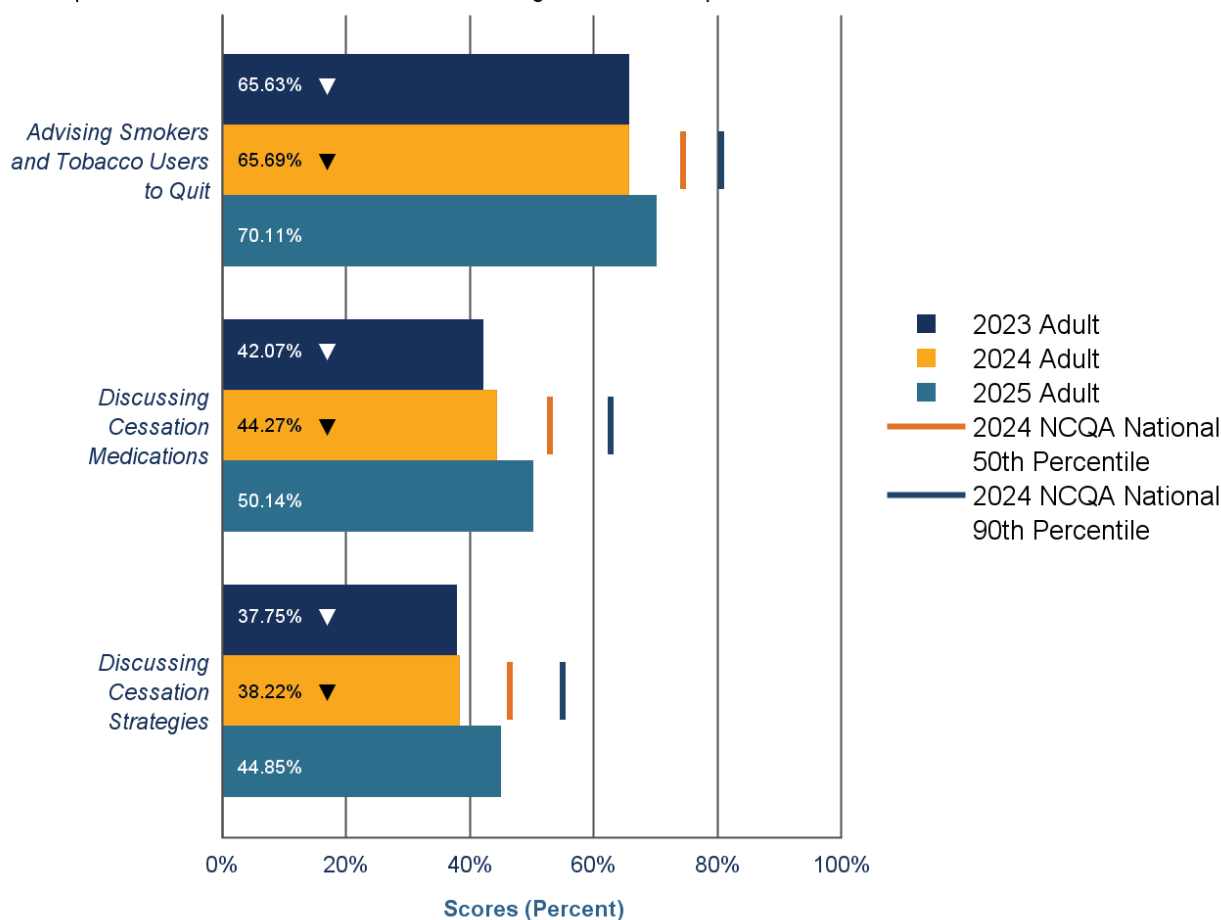
Figure 5—Medical Assistance with Smoking and Tobacco Use Cessation Measure Items: Adult Scores (State Level)

▲ Indicates the score is statistically significantly higher than the 2025 score.

▼ Indicates the score is statistically significantly lower than the 2025 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.



## State Comparisons

For more information on the calculation of the scores and state comparisons, please refer to the “Scoring Calculations,” “State Comparisons,” and “Comparative Analysis” headings in the Methodology section of this report on pages 25, 30, and 30, respectively.<sup>43</sup>

## Global Ratings

### Rating of Health Plan

#### *Measure Definition*

Adult members and parents/caretakers of child members were asked to rate their/their child’s MCP, FFS, or PSP on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.”

#### Adult Results

Figure 6 shows the adult top-box scores for *Rating of Health Plan*.

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<sup>43</sup> HSAG recalculated the 2023 scores to report scores out to two decimal places. Therefore, 2023 results in this report will not match previous reports.



Figure 6—Rating of Health Plan: Adult Top-Box Scores

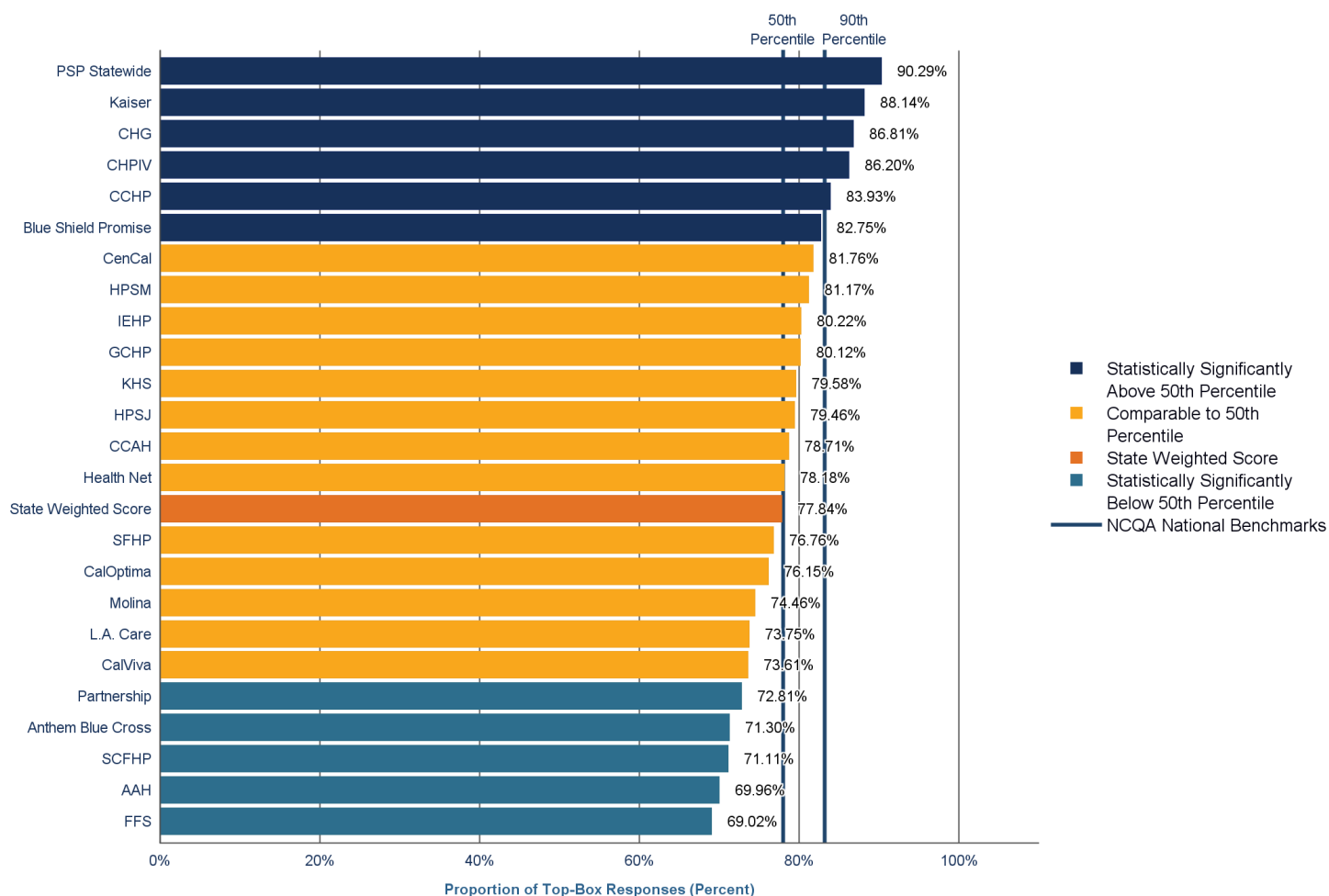


Table 11 shows the 2023, 2024, and 2025 adult top-box scores for *Rating of Health Plan*.

**Table 11—*Rating of Health Plan*: Adult Comparative Analysis Results**

▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.

▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.

— Indicates the 2025 score is not statistically significantly different than the comparison year's score.

NA Indicates the population was not included in the survey administration; therefore, results are not available.

NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	80.65%	74.75%	69.96%	▼	—
Anthem Blue Cross	68.05%	67.04%	71.30%	—	—
Blue Shield Promise	76.68%	70.48%	82.75%	—	▲
CalOptima	74.77%	77.56%	76.15%	—	—
CalViva	74.20%	81.98%	73.61%	—	▼
CenCal	78.26%	69.74%	81.76%	—	▲
CCAH	77.11%	74.14%	78.71%	—	—
CHG	75.45%	75.16%	86.81%	▲	▲
CHPIV	NA	NA	86.20%	NC	NC
CCHP	76.38%	78.47%	83.93%	▲	—
FFS	69.61%	76.04%	69.02%	—	▼
GCHP	78.86%	73.60%	80.12%	—	—
Health Net	72.66%	74.22%	78.18%	—	—
HPSJ	74.13%	76.99%	79.46%	—	—
HPSM	75.21%	77.78%	81.17%	▲	—

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
IEHP	80.39%	84.17%	80.22%	—	—
Kaiser	NA	85.46%	88.14%	NC	—
KHS	75.77%	76.92%	79.58%	—	—
L.A. Care	73.37%	76.47%	73.75%	—	—
Molina	72.51%	76.00%	74.46%	—	—
Partnership	65.53%	70.14%	72.81%	▲	—
PSP Statewide	NA	86.94%	90.29%	NC	▲
SFHP	75.95%	72.50%	76.76%	—	—
SCFHP	76.02%	73.94%	71.11%	—	—

## Child Results

Figure 7 shows the child top-box scores for *Rating of Health Plan*.

Figure 7—*Rating of Health Plan*: Child Top-Box Scores

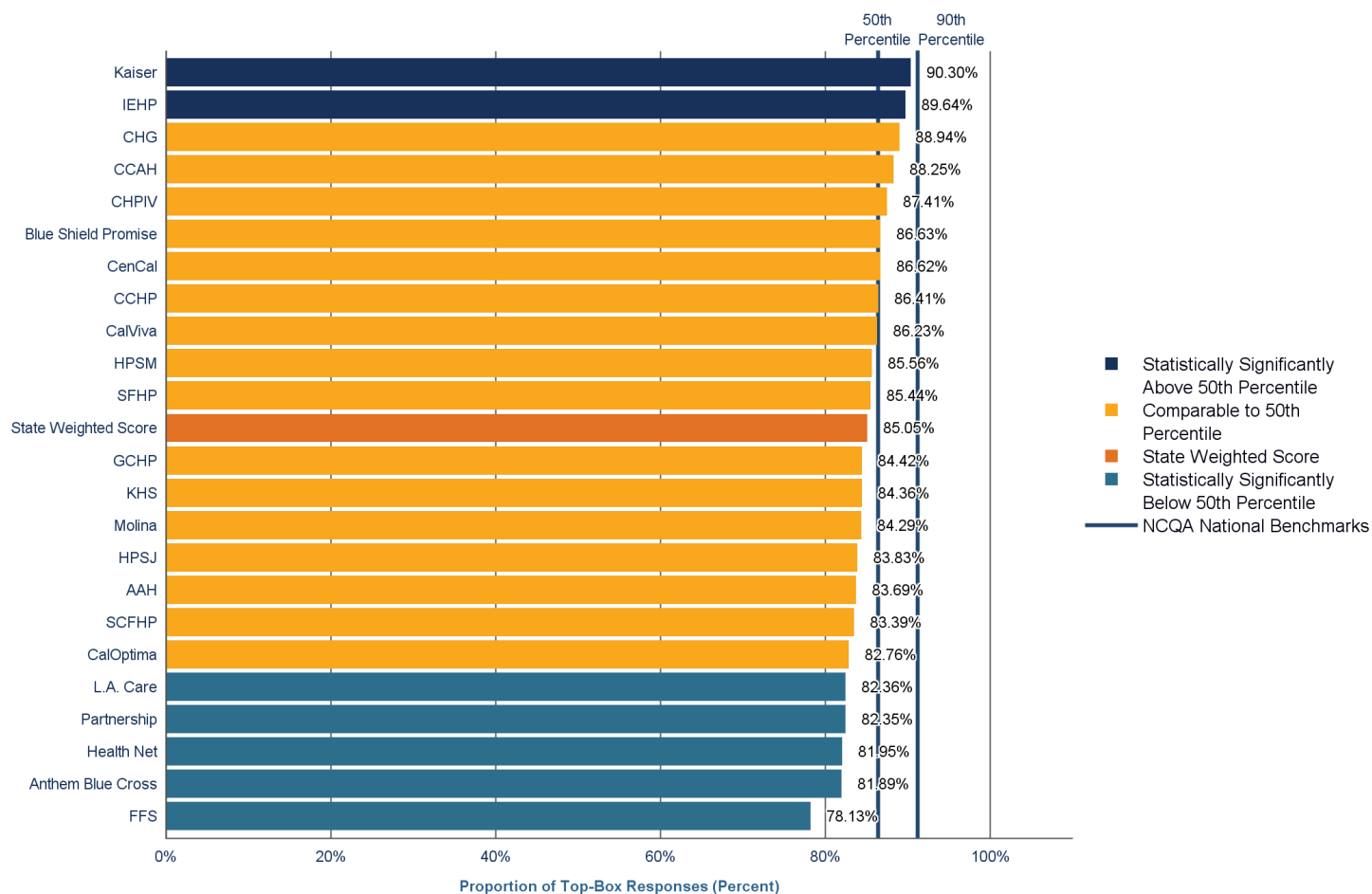


Table 12 shows the 2023, 2024, and 2025 child top-box scores for *Rating of Health Plan*.

**Table 12—*Rating of Health Plan*: Child Comparative Analysis Results**

▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.

▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.

— Indicates the 2025 score is not statistically significantly different than the comparison year's score.

NA Indicates the population was not included in the survey administration; therefore, results are not available.

NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	83.30%	86.62%	83.69%	—	—
Anthem Blue Cross	76.56%	79.49%	81.89%	▲	—
Blue Shield Promise	83.92%	80.73%	86.63%	—	▲
CalOptima	82.66%	79.72%	82.76%	—	—
CalViva	81.35%	84.50%	86.23%	▲	—
CenCal	84.87%	88.14%	86.62%	—	—
CCAH	84.25%	83.96%	88.25%	—	—
CHG	84.68%	88.96%	88.94%	▲	—
CHPIV	NA	NA	87.41%	NC	NC
CCHP	83.47%	84.24%	86.41%	—	—
FFS	78.13%	76.55%	78.13%	—	—
GCHP	82.58%	87.20%	84.42%	—	—
Health Net	78.82%	79.83%	81.95%	—	—
HPSJ	82.58%	84.50%	83.83%	—	—
HPSM	83.49%	82.76%	85.56%	—	—

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
IEHP	88.70%	86.50%	89.64%	—	—
Kaiser	NA	90.95%	90.30%	NC	—
KHS	82.69%	83.37%	84.36%	—	—
L.A. Care	84.50%	82.38%	82.36%	—	—
Molina	83.15%	80.94%	84.29%	—	—
Partnership	83.87%	80.31%	82.35%	—	—
SFHP	82.87%	81.33%	85.44%	—	—
SCFHP	81.78%	83.38%	83.39%	—	—

### Summary of Results—Rating of Health Plan

#### Adult

- » The following five MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile:
  - Blue Shield Promise
  - CHG
  - CCHP
  - CHPIV
  - Kaiser
- » PSP Statewide scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- » The following four MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
  - AAH
  - Anthem Blue Cross
  - SCFHP
  - Partnership
- » FFS scored statistically significantly below the NCQA adult Medicaid national 50th percentile.

- » The following three MCPs scored statistically significantly higher in 2025 than in 2024:
  - Blue Shield Promise
  - CenCal
  - CHG
- » PSP Statewide scored statistically significantly higher in 2025 than in 2024.
- » CalViva and FFS scored statistically significantly lower in 2025 than in 2024.
- » The following four MCPs scored statistically significantly higher in 2025 than in 2023:
 

• CHG	• HPSM
• CCHP	• Partnership
- » AAH scored statistically significantly lower in 2025 than in 2023.

## Child

- » Kaiser and IEHP scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- » The following four MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
 

• Anthem Blue Cross	• L.A. Care
• Health Net	• Partnership
- » FFS scored statistically significantly below the NCQA child Medicaid national 50th percentile.
- » Blue Shield Promise scored statistically significantly higher in 2025 than in 2024.
- » The following three MCPs scored statistically significantly higher in 2025 than in 2023:
  - Anthem Blue Cross
  - CalViva
  - CHG
- » No MCPs or FFS scored statistically significantly lower in 2025 than in 2024 or 2023.

## Rating of All Health Care

## Measure Definition

Adult members and parents/caretakers of child members were asked to rate all their/their child's 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."

## Adult Results

Figure 8 shows the adult top-box scores for *Rating of All Health Care*.

Figure 8—*Rating of All Health Care: Adult Top-Box Scores*

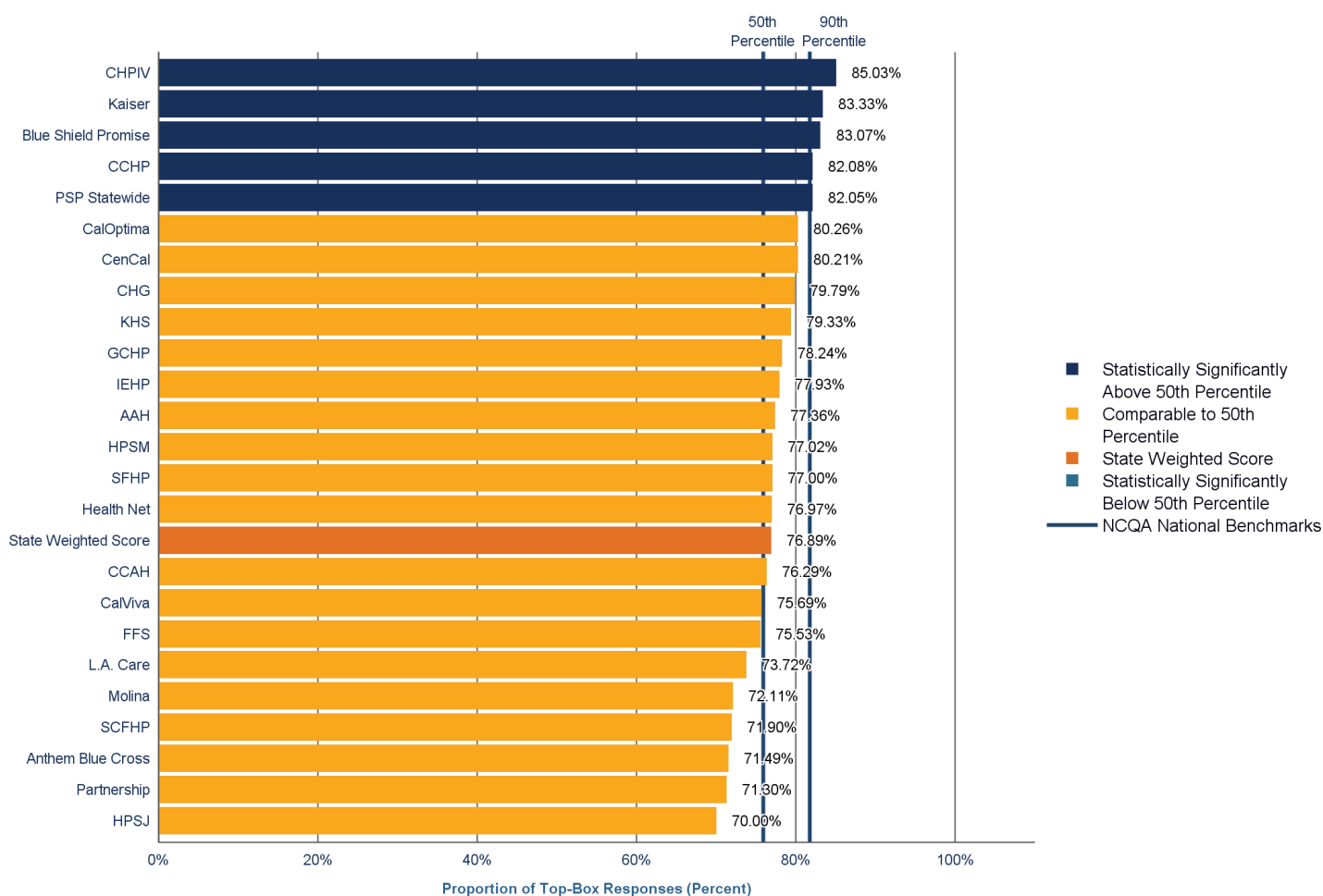




Table 13 shows the 2023, 2024, and 2025 adult top-box scores for *Rating of All Health Care*.

**Table 13—*Rating of All Health Care*: Adult Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	78.70%	72.67%	77.36%	—	—
Anthem Blue Cross	69.43%	68.55%	71.49%	—	—
Blue Shield Promise	72.99%	63.81%	83.07%	▲	▲
CalOptima	73.75%	S	80.26%	—	NC
CalViva	72.16%	76.87%	75.69%	—	—
CenCal	76.13%	73.20%	80.21%	—	—
CCAH	75.93%	72.26%	76.29%	—	—
CHG	73.95%	77.98%	79.79%	—	—
CHPIV	NA	NA	85.03%	NC	NC
CCHP	80.98%	77.44%	82.08%	—	—
FFS	S	73.33%	75.53%	NC	—
GCHP	76.42%	75.93%	78.24%	—	—
Health Net	71.61%	72.52%	76.97%	—	—

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSJ	67.66%	71.09%	70.00%	—	—
HPSM	77.73%	76.24%	77.02%	—	—
IEHP	73.75%	S	77.93%	—	NC
Kaiser	NA	79.74%	83.33%	NC	—
KHS	73.22%	72.36%	79.33%	—	—
L.A. Care	70.78%	76.47%	73.72%	—	—
Molina	73.62%	78.15%	72.11%	—	—
Partnership	68.97%	71.43%	71.30%	—	—
PSP Statewide	NA	81.43%	82.05%	NC	—
SFHP	76.19%	69.23%	77.00%	—	—
SCFHP	74.22%	68.00%	71.90%	—	—

## Child Results

Figure 9 shows the child top-box scores for *Rating of All Health Care*.

Figure 9—*Rating of All Health Care*: Child Top-Box Scores

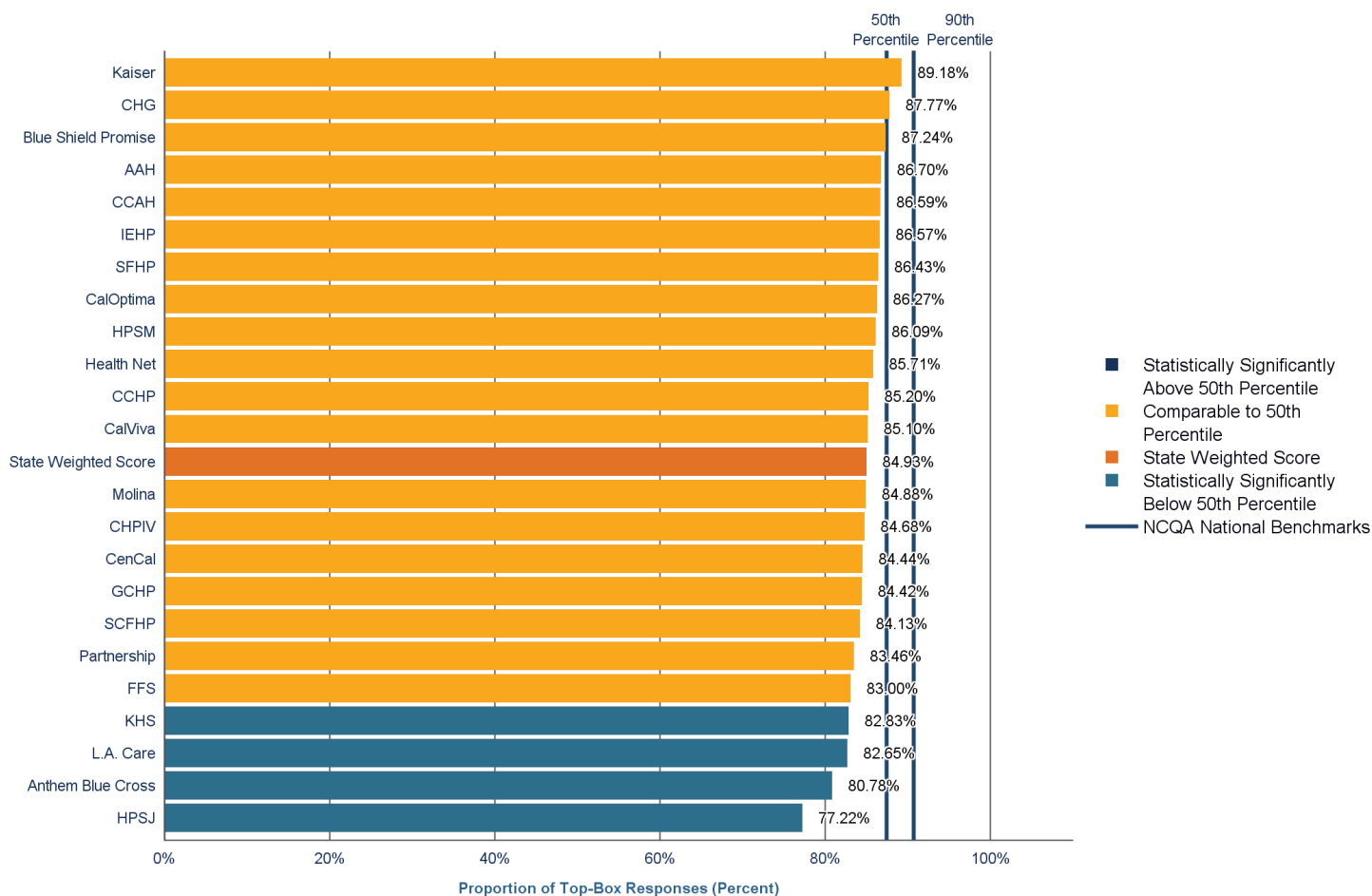


Table 14 shows the 2023, 2024, and 2025 child top-box scores for *Rating of All Health Care*.

**Table 14—*Rating of All Health Care*: Child Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	81.66%	86.98%	86.70%	—	—
Anthem Blue Cross	78.86%	77.70%	80.78%	—	—
Blue Shield Promise	83.99%	82.76%	87.24%	—	—
CalOptima	83.95%	80.38%	86.27%	—	—
CalViva	77.30%	81.54%	85.10%	▲	—
CenCal	81.31%	86.46%	84.44%	—	—
CCAH	79.37%	77.34%	86.59%	▲	▲
CHG	85.39%	86.80%	87.77%	—	—
CHPIV	NA	NA	84.68%	NC	NC
CCHP	81.49%	88.74%	85.20%	—	—
FFS	S	80.88%	83.00%	NC	—
GCHP	80.97%	82.83%	84.42%	—	—
Health Net	76.49%	80.67%	85.71%	▲	—

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSJ	79.49%	78.35%	77.22%	—	—
HPSM	84.13%	83.86%	86.09%	—	—
IEHP	85.99%	83.09%	86.57%	—	—
Kaiser	NA	90.91%	89.18%	NC	—
KHS	79.72%	77.17%	82.83%	—	—
L.A. Care	81.60%	80.92%	82.65%	—	—
Molina	78.96%	86.11%	84.88%	—	—
Partnership	82.32%	79.23%	83.46%	—	—
SFHP	84.78%	78.95%	86.43%	—	▲
SCFHP	77.95%	78.41%	84.13%	▲	—

## Summary of Results—Rating of All Health Care

### Adult

- » PSP Statewide scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- » The following four MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile:
  - Blue Shield Promise
  - CHPIV
  - CCHP
  - Kaiser
- » No MCPs scored significantly below the NCQA adult Medicaid national 50th percentile.
- » Blue Shield Promise scored statistically significantly higher in 2025 than in 2024 and 2023.
- » No MCPs scored statistically significantly lower in 2025 than in 2024 or 2023.

**Child**

- » No MCP scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- » The following four MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
  - Anthem Blue Cross
  - HPSJ
  - KHS
  - L.A. Care
- » The following two MCPs scored statistically significantly higher in 2025 than in 2024:
  - CCAH
  - SFHP
- » The following four MCPs scored statistically significantly higher in 2025 than in 2023:
  - CalViva
  - CCAH
  - Health Net
  - SCFHP
- » No MCPs scored statistically significantly lower in 2025 than in 2024 or 2023.

## Rating of Personal Doctor

### Measure Definition

Adult members and parents/caretakers of child members were asked to rate their/their child's 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."

### Adult Results

Figure 10 shows the adult top-box scores for *Rating of Personal Doctor*.

Figure 10—*Rating of Personal Doctor*: Adult Top-Box Scores

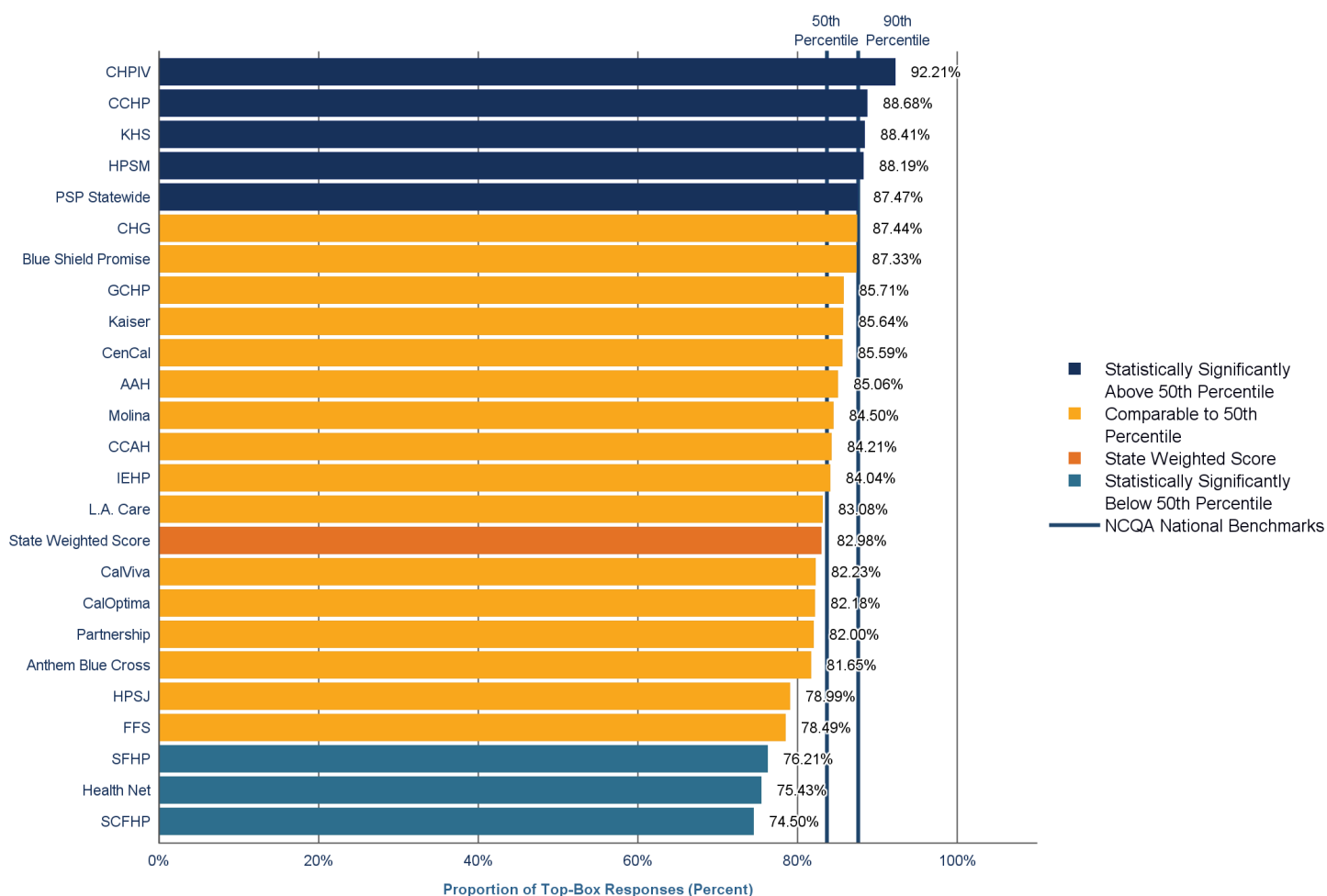


Table 15 shows the 2023, 2024, and 2025 adult top-box scores for *Rating of Personal Doctor*.

**Table 15—*Rating of Personal Doctor*: Adult Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	82.08%	80.37%	85.06%	—	—
Anthem Blue Cross	82.43%	80.93%	81.65%	—	—
Blue Shield Promise	82.92%	76.99%	87.33%	—	▲
CalOptima	80.59%	83.72%	82.18%	—	—
CalViva	80.08%	81.38%	82.23%	—	—
CenCal	83.77%	78.09%	85.59%	—	—
CCAH	82.68%	80.37%	84.21%	—	—
CHG	84.21%	81.15%	87.44%	—	—
CHPIV	NA	NA	92.21%	NC	NC
CCHP	85.15%	83.13%	88.68%	—	—
FFS	S	83.78%	78.49%	NC	—
GCHP	84.08%	86.26%	85.71%	—	—
Health Net	81.40%	75.00%	75.43%	—	—



Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSJ	78.84%	76.06%	78.99%	—	—
HPSM	80.22%	78.07%	88.19%	▲	▲
IEHP	78.36%	74.55%	84.04%	—	▲
Kaiser	NA	77.14%	85.64%	NC	▲
KHS	81.89%	80.99%	88.41%	▲	—
L.A. Care	78.34%	85.44%	83.08%	—	—
Molina	78.41%	82.24%	84.50%	—	—
Partnership	79.24%	81.73%	82.00%	—	—
PSP Statewide	NA	86.73%	87.47%	NC	—
SFHP	83.00%	77.93%	76.21%	—	—
SCFHP	76.90%	69.23%	74.50%	—	—

## Child Results

Figure 11 shows the child top-box scores for *Rating of Personal Doctor*.

Figure 11—*Rating of Personal Doctor*: Child Top-Box Scores

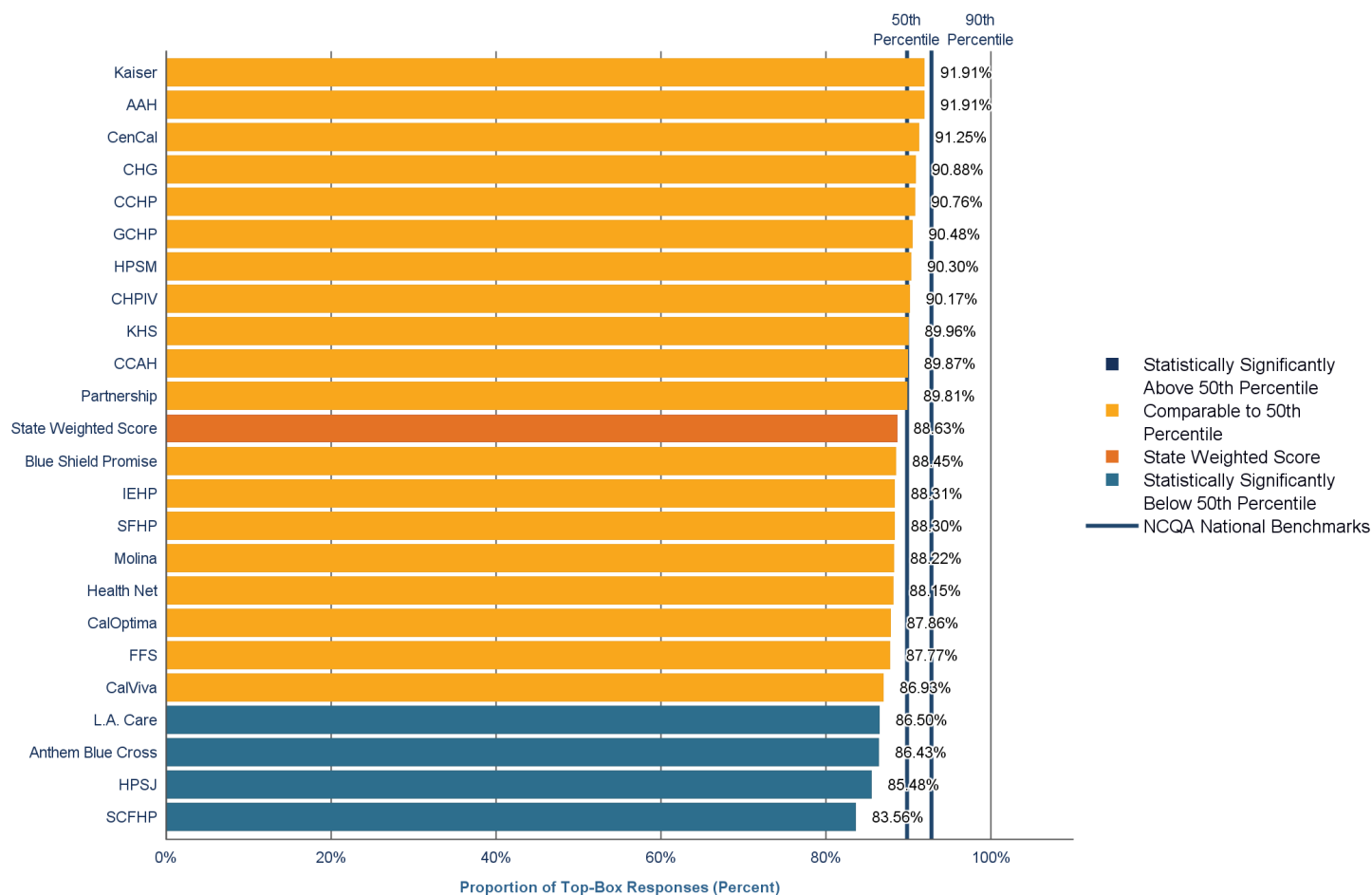


Table 16 shows the 2023, 2024, and 2025 child top-box scores for *Rating of Personal Doctor*.

**Table 16—*Rating of Personal Doctor*: Child Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	87.36%	92.54%	91.91%	▲	—
Anthem Blue Cross	84.42%	83.53%	86.43%	—	—
Blue Shield Promise	92.29%	85.27%	88.45%	—	—
CalOptima	88.79%	83.84%	87.86%	—	—
CalViva	82.67%	85.18%	86.93%	—	—
CenCal	85.21%	90.48%	91.25%	▲	—
CCAH	89.00%	87.30%	89.87%	—	—
CHG	90.42%	95.34%	90.88%	—	▼
CHPIV	NA	NA	90.17%	NC	NC
CCHP	87.15%	90.91%	90.76%	—	—
FFS	S	88.83%	87.77%	NC	—
GCHP	89.44%	90.49%	90.48%	—	—
Health Net	83.08%	83.88%	88.15%	—	—

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSJ	84.09%	83.84%	85.48%	—	—
HPSM	87.06%	90.50%	90.30%	—	—
IEHP	84.88%	86.90%	88.31%	—	—
Kaiser	NA	92.81%	91.91%	NC	—
KHS	84.24%	82.32%	89.96%	▲	▲
L.A. Care	86.00%	86.65%	86.50%	—	—
Molina	88.83%	89.37%	88.22%	—	—
Partnership	89.41%	86.36%	89.81%	—	—
SFHP	86.98%	84.64%	88.30%	—	—
SCFHP	84.68%	86.45%	83.56%	—	—

### Summary of Results—*Rating of Personal Doctor*

#### Adult

- » PSP Statewide scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- » The following four MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile:
  - CCHP
  - CHPIV
  - KHS
  - HPSM
- » The following three MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
  - Health Net
  - SCFHP
  - SFHP

- » The following four MCPs scored statistically significantly higher in 2025 than in 2024.
  - Blue Shield Promise
  - HPSM
  - IEHP
  - Kaiser
- » The following two MCPs scored statistically significantly higher in 2025 than in 2023.
  - HPSM
  - KHS
- » No MCPs scored statistically significantly lower in 2025 than in 2024 or 2023.

## Child

- » No MCPs scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- » The following four MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
  - Anthem Blue Cross
  - HPSJ
  - L.A. Care
  - SCFHP
- » KHS scored statistically significantly higher in 2025 than in 2024.
- » CHG scored statistically significantly lower in 2025 than in 2024.
- » The following three MCPs scored statistically significantly higher in 2025 than in 2023:
  - AAH
  - CenCal
  - KHS
- » No MCPs scored statistically significantly lower in 2025 than in 2023.

## Rating of Specialist Seen Most Often

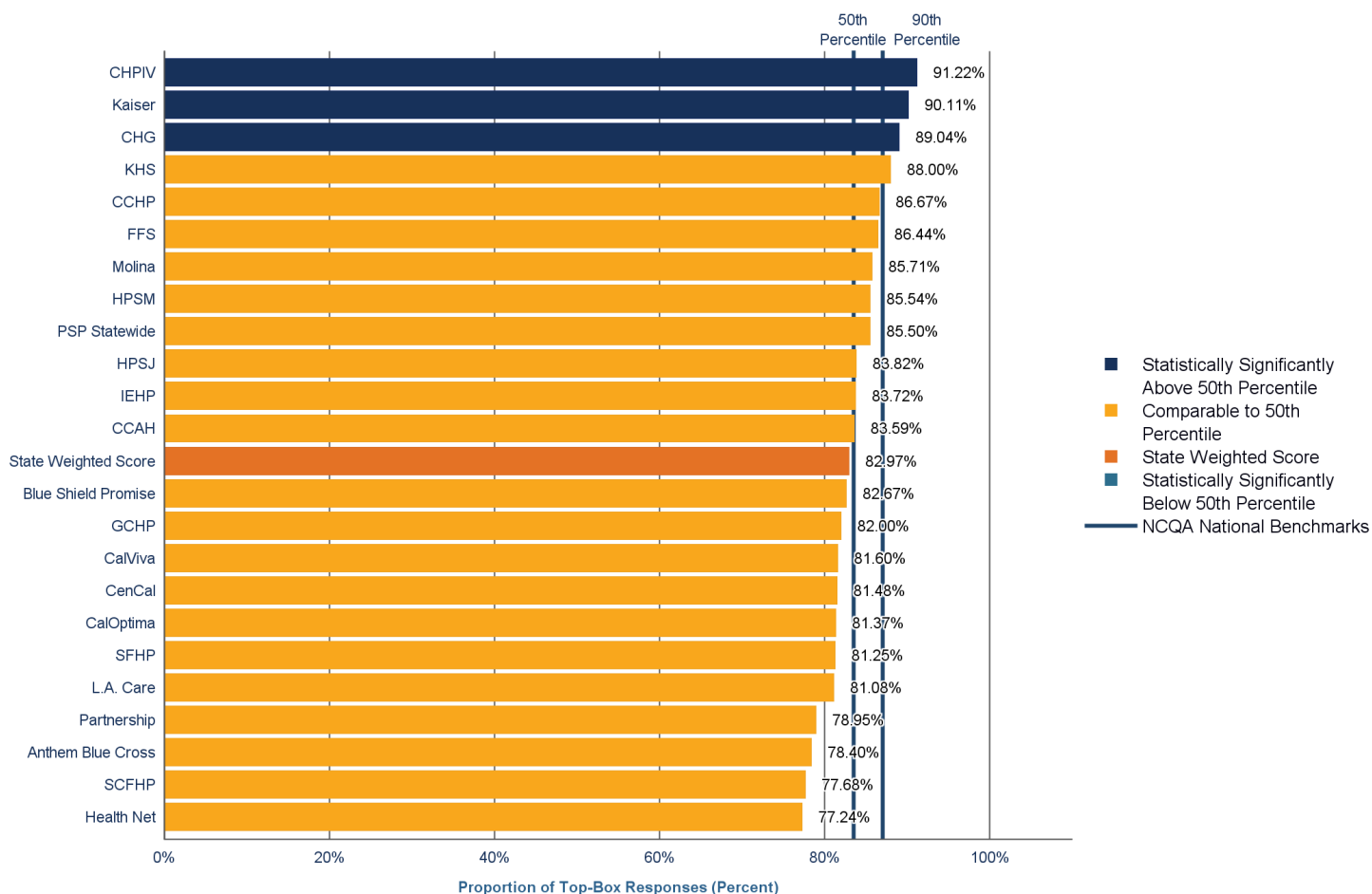
### Measure Definition

Adult members and parents/caretakers of child members were asked to rate the specialist they/their child talked to most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.”

### Adult Results

Figure 12 shows the adult top-box scores for *Rating of Specialist Seen Most Often*.

Figure 12—*Rating of Specialist Seen Most Often: Adult Top-Box Scores*



The score for AAH is not displayed in the figure above since fewer than 100 respondents responded for this measure.

Table 17 shows the 2023, 2024, and 2025 adult top-box scores for *Rating of Specialist Seen Most Often*.

**Table 17—Rating of Specialist Seen Most Often: Adult Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	S	81.82%	S	NC	NC
Anthem Blue Cross	81.19%	79.25%	78.40%	—	—
Blue Shield Promise	84.81%	S	82.67%	—	NC
CalOptima	81.18%	S	81.37%	—	NC
CalViva	83.46%	S	81.60%	—	NC
CenCal	87.26%	80.77%	81.48%	—	—
CCAH	87.66%	S	83.59%	—	NC
CHG	82.08%	S	89.04%	—	NC
CHPIV	NA	NA	91.22%	NC	NC
CCHP	79.09%	S	86.67%	—	NC
FFS	S	S	86.44%	NC	NC
GCHP	83.33%	S	82.00%	—	NC

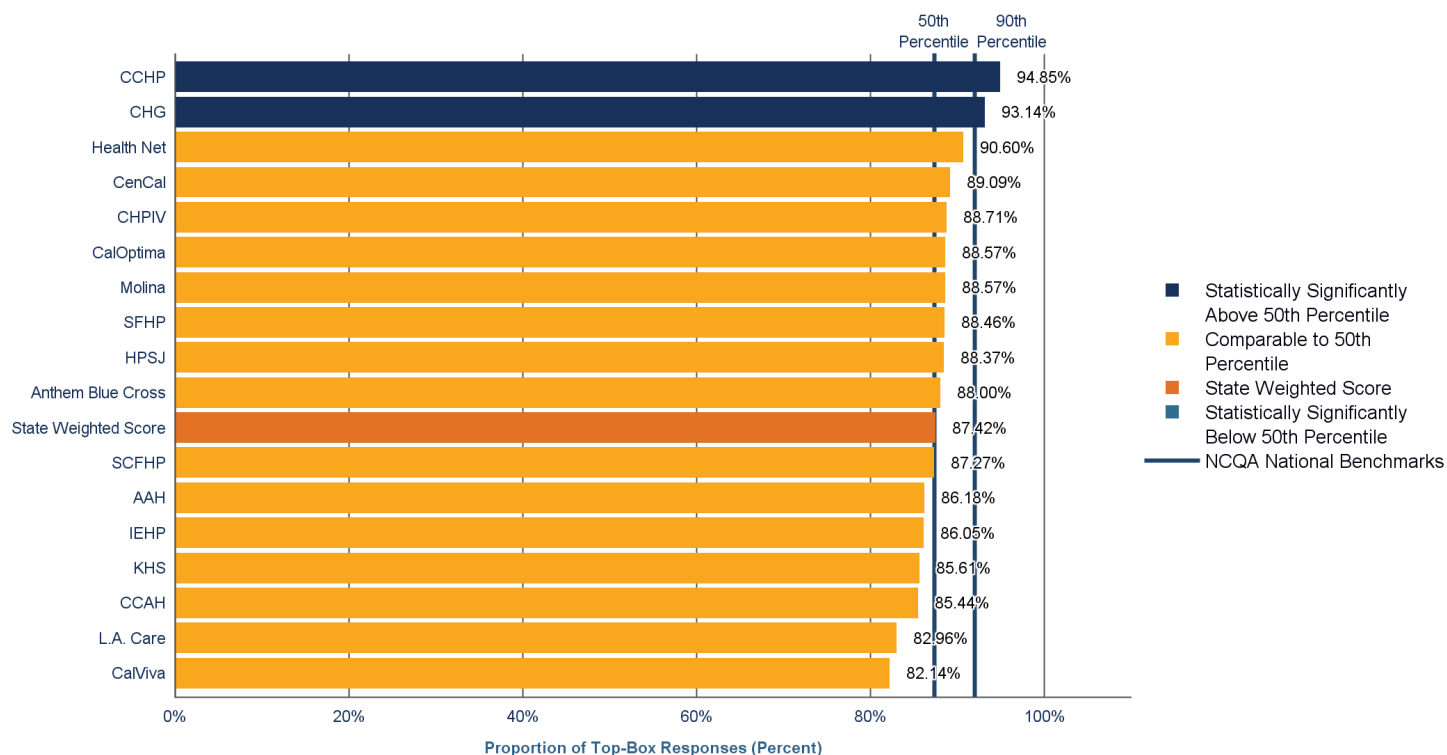
Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
Health Net	77.63%	S	77.24%	—	NC
HPSJ	79.67%	S	83.82%	—	NC
HPSM	90.15%	S	85.54%	—	NC
IEHP	87.79%	S	83.72%	—	NC
Kaiser	NA	S	90.11%	NC	NC
KHS	72.19%	S	88.00%	▲	NC
L.A. Care	82.78%	82.69%	81.08%	—	—
Molina	81.58%	S	85.71%	—	NC
Partnership	78.26%	85.25%	78.95%	—	—
PSP Statewide	NA	81.88%	85.50%	NC	—
SFHP	79.49%	S	81.25%	—	NC
SCFHP	81.17%	S	77.68%	—	NC



## Child Results

Figure 13 shows the child top-box scores for *Rating of Specialist Seen Most Often*.

Figure 13—*Rating of Specialist Seen Most Often*: Child Top-Box Scores



Scores for the following MCPs and FFS are not displayed in the figure above since fewer than 100 respondents responded for this measure:

- » Blue Shield Promise
- » GCHP
- » HPSM
- » Kaiser
- » Partnership

Table 18 shows the 2023, 2024, and 2025 child top-box scores for *Rating of Specialist Seen Most Often*.

**Table 18—*Rating of Specialist Seen Most Often*: Child Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	83.02%	S	86.18%	—	NC
Anthem Blue Cross	S	S	88.00%	NC	NC
Blue Shield Promise	85.00%	S	S	NC	NC
CalOptima	S	S	88.57%	NC	NC
CalViva	77.78%	S	82.14%	—	NC
CenCal	S	S	89.09%	NC	NC
CCAH	84.89%	S	85.44%	—	NC
CHG	85.38%	S	93.14%	—	NC
CHPIV	NA	NA	88.71%	NC	NC
CCHP	S	S	94.85%	NC	NC
FFS	S	82.79%	S	NC	NC
GCHP	S	91.35%	S	NC	NC

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
Health Net	S	S	90.60%	NC	NC
HPSJ	92.06%	S	88.37%	—	NC
HPSM	S	91.59%	S	NC	NC
IEHP	83.58%	S	86.05%	—	NC
Kaiser	NA	91.53%	S	NC	NC
KHS	85.06%	S	85.61%	—	NC
L.A. Care	79.41%	S	82.96%	—	NC
Molina	84.82%	S	88.57%	—	NC
Partnership	88.99%	86.36%	S	NC	NC
SFHP	S	S	88.46%	NC	NC
SCFHP	80.62%	S	87.27%	—	NC

### Summary of Results—*Rating of Specialist Seen Most Often*

#### Adult

Of the reportable Medi-Cal populations:

- » The following three MCPS scored statistically significantly above the NCQA adult Medicaid national 50th percentile:
  - CHG
  - CHPIV
  - Kaiser
- » No MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile.
- » No MCPs scored statistically significantly higher in 2025 than in 2024.
- » KHS scored statistically significantly higher in 2025 than in 2023.
- » No MCPs scored statistically significantly lower in 2025 than in 2024 or 2023.

## Child

Of the reportable Medi-Cal populations:

- » The following two MCPs scored statistically significantly above the NCQA child Medicaid national 50th percentile:
  - CCHP
  - CHG
- » No MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile.
- » All MCPs had fewer than 100 respondents in either 2024 or 2025; therefore, the 2025 scores are not comparable to the 2024 scores.
- » No reportable MCPs scored statistically significantly higher or lower in 2025 than in 2023.

## Composite Measures

### Getting Needed Care

#### Measure Definition

This measure assesses how often it was easy for members to get needed care including:

- » Getting the care, tests, or treatment needed
- » Getting an appointment with a specialist

#### Adult Results

Figure 14 shows the adult top-box scores for *Getting Needed Care*.

Figure 14—*Getting Needed Care*: Adult Top-Box Scores

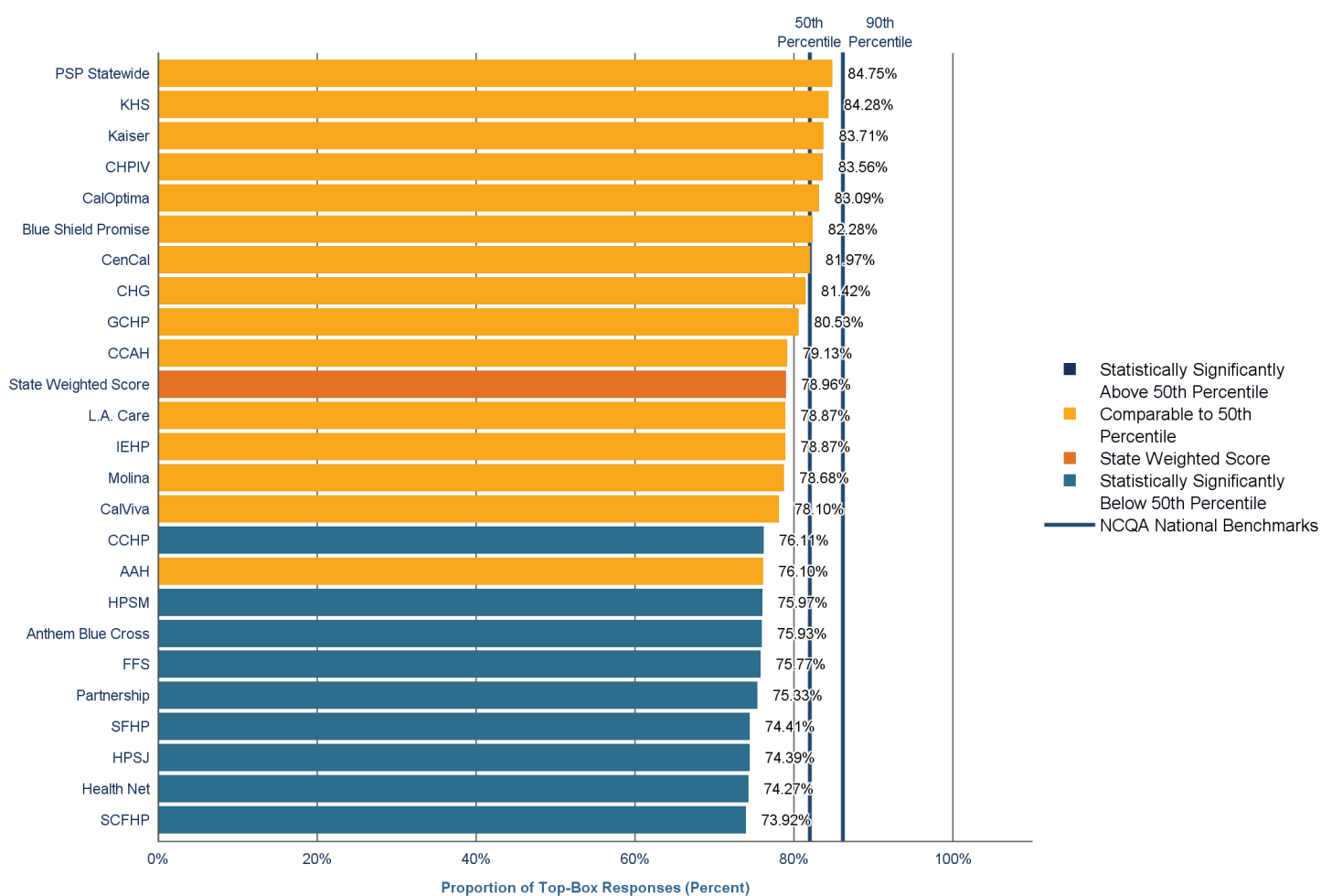


Table 19 shows the 2023, 2024, and 2025 adult top-box scores for *Getting Needed Care*.

**Table 19—*Getting Needed Care*: Adult Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	78.24%	76.74%	76.10%	—	—
Anthem Blue Cross	70.93%	69.91%	75.93%	—	—
Blue Shield Promise	78.01%	S	82.28%	—	NC
CalOptima	74.40%	S	83.09%	▲	NC
CalViva	76.50%	73.50%	78.10%	—	—
CenCal	78.42%	77.63%	81.97%	—	—
CCAH	79.40%	77.87%	79.13%	—	—
CHG	77.76%	S	81.42%	—	NC
CHPIV	NA	NA	83.56%	NC	NC
CCHP	76.80%	77.86%	76.11%	—	—
FFS	S	75.91%	75.77%	NC	—
GCHP	78.00%	S	80.53%	—	NC
Health Net	73.33%	75.31%	74.27%	—	—
HPSJ	73.16%	70.60%	74.39%	—	—

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSM	78.35%	S	75.97%	—	NC
IEHP	79.58%	S	78.87%	—	NC
Kaiser	NA	80.81%	83.71%	NC	—
KHS	82.55%	76.65%	84.28%	—	—
L.A. Care	73.25%	74.60%	78.87%	—	—
Molina	74.20%	77.24%	78.68%	—	—
Partnership	71.39%	78.15%	75.33%	—	—
PSP Statewide	NA	82.71%	84.75%	NC	—
SFHP	68.62%	S	74.41%	—	NC
SCFHP	75.41%	68.93%	73.92%	—	—

## Child Results

Figure 15 shows the child top-box scores for *Getting Needed Care*.

Figure 15—*Getting Needed Care*: Child Top-Box Scores

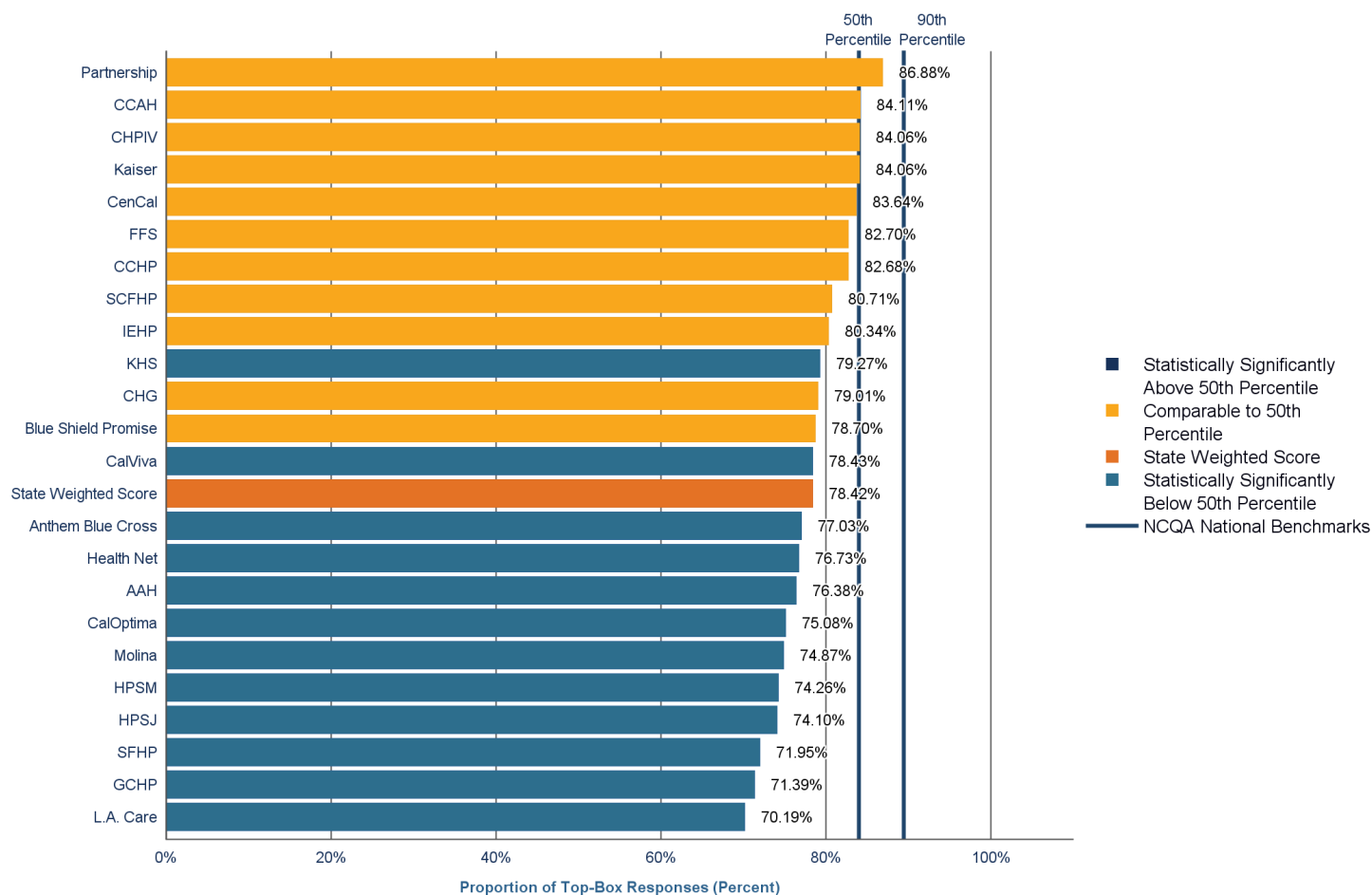




Table 20 shows the 2023, 2024, and 2025 child top-box scores for *Getting Needed Care*.

**Table 20—*Getting Needed Care*: Child Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	71.44%	80.94%	76.38%	—	—
Anthem Blue Cross	74.49%	82.62%	77.03%	—	—
Blue Shield Promise	80.83%	79.95%	78.70%	—	—
CalOptima	77.80%	75.18%	75.08%	—	—
CalViva	75.16%	72.58%	78.43%	—	—
CenCal	80.08%	84.15%	83.64%	—	—
CCAH	79.61%	72.26%	84.11%	—	▲
CHG	77.33%	77.05%	79.01%	—	—
CHPIV	NA	NA	84.06%	NC	NC
CCHP	81.10%	82.48%	82.68%	—	—
FFS	S	78.53%	82.70%	NC	—
GCHP	72.70%	77.68%	71.39%	—	—
Health Net	72.20%	71.34%	76.73%	—	—
HPSJ	75.49%	75.67%	74.10%	—	—

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSM	84.04%	74.86%	74.26%	▼	—
IEHP	81.55%	81.84%	80.34%	—	—
Kaiser	NA	87.85%	84.06%	NC	—
KHS	79.93%	76.63%	79.27%	—	—
L.A. Care	75.26%	75.58%	70.19%	—	—
Molina	74.10%	80.45%	74.87%	—	—
Partnership	77.54%	79.83%	86.88%	▲	▲
SFHP	73.44%	71.04%	71.95%	—	—
SCFHP	73.20%	75.60%	80.71%	▲	—

### Summary of Results—*Getting Needed Care*

#### Adult

- » No MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- » The following eight MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
  - Anthem Blue Cross
  - CCHP
  - Health Net
  - HPSM
  - HPSJ
  - Partnership
  - SFHP
  - SCFHP
- » FFS scored statistically significantly below the NCQA adult Medicaid national 50th percentile.
- » No MCPs scored statistically significantly higher in 2025 than in 2024.
- » CalOptima scored statistically significantly higher in 2025 than in 2023.
- » No MCPs scored statistically significantly lower in 2025 than in 2024 or 2023.

**Child**

- » No MCPs scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- » The following 12 MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
  - AAH
  - Anthem Blue Cross
  - CalOptima
  - CalViva
  - GCHP
  - Health Net
  - HPSJ
  - HPSM
  - KHS
  - L.A. Care
  - Molina
  - SFHP
- » The following two MCPs scored statistically significantly higher in 2025 than in 2024:
  - CCAH
  - Partnership
- » No MCP scored statistically significantly lower in 2025 than in 2024.
- » The following two MCPs scored statistically significantly higher in 2025 than in 2023:
  - Partnership
  - SCFHP
- » HPSM scored statistically significantly lower in 2025 than in 2023.

## Getting Care Quickly

### Measure Definition

This measure assesses how often it was easy for members to get care quickly including:

- » Getting the care needed when care was needed right away
- » Getting an appointment at a doctor's office or clinic for a check-up or routine care as soon as needed

### Adult Results

Figure 16 shows the adult top-box scores for *Getting Care Quickly*.

Figure 16—*Getting Care Quickly*: Adult Top-Box Scores

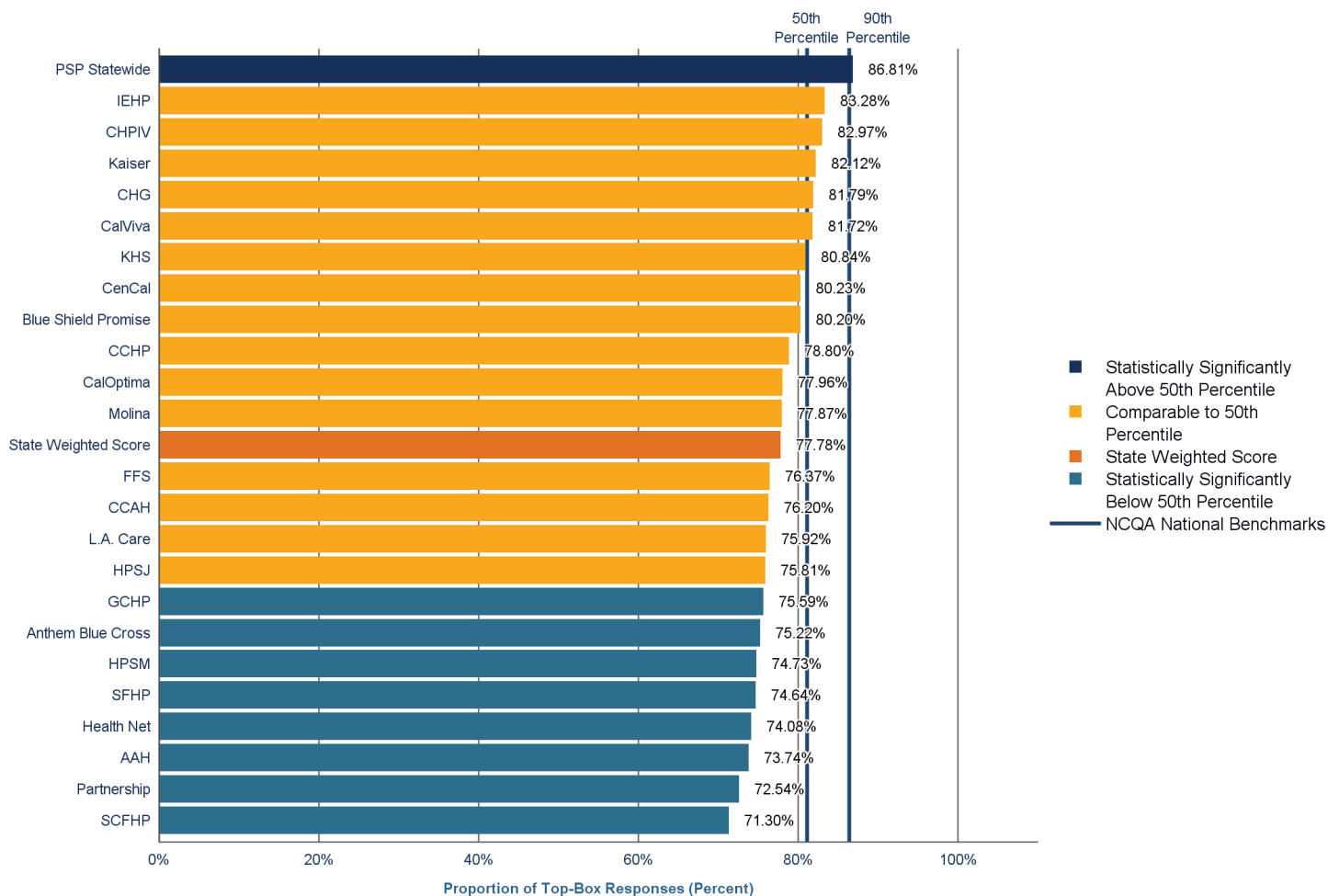


Table 21 shows the 2023, 2024, and 2025 adult top-box scores for *Getting Care Quickly*.

**Table 21—*Getting Care Quickly*: Adult Comparative Analysis Results**

▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.

▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.

— Indicates the 2025 score is not statistically significantly different than the comparison year's score.

S Indicates data are suppressed due to fewer than 100 respondents.

NA Indicates the population was not included in the survey administration; therefore, results are not available.

NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	66.95%	70.74%	73.74%	—	—
Anthem Blue Cross	65.37%	69.37%	75.22%	▲	—
Blue Shield Promise	73.50%	S	80.20%	—	NC
CalOptima	70.57%	S	77.96%	—	NC
CalViva	77.88%	S	81.72%	—	NC
CenCal	80.64%	73.98%	80.23%	—	—
CCAH	78.71%	70.12%	76.20%	—	—
CHG	73.45%	S	81.79%	▲	NC
CHPIV	NA	NA	82.97%	NC	NC
CCHP	72.60%	S	78.80%	—	NC
FFS	S	74.19%	76.37%	NC	—
GCHP	73.55%	S	75.59%	—	NC
Health Net	69.59%	70.39%	74.08%	—	—
HPSJ	72.55%	S	75.81%	—	NC

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSM	75.76%	S	74.73%	—	NC
IEHP	77.66%	S	83.28%	—	NC
Kaiser	NA	83.31%	82.12%	NC	—
KHS	78.62%	S	80.84%	—	NC
L.A. Care	69.13%	72.36%	75.92%	—	—
Molina	70.07%	S	77.87%	—	NC
Partnership	73.05%	75.89%	72.54%	—	—
PSP Statewide	NA	83.61%	86.81%	NC	—
SFHP	66.36%	S	74.64%	—	NC
SCFHP	70.95%	S	71.30%	—	NC

## Child Results

Figure 17 shows the child top-box scores for *Getting Care Quickly*.

Figure 17—*Getting Care Quickly*: Child Top-Box Scores

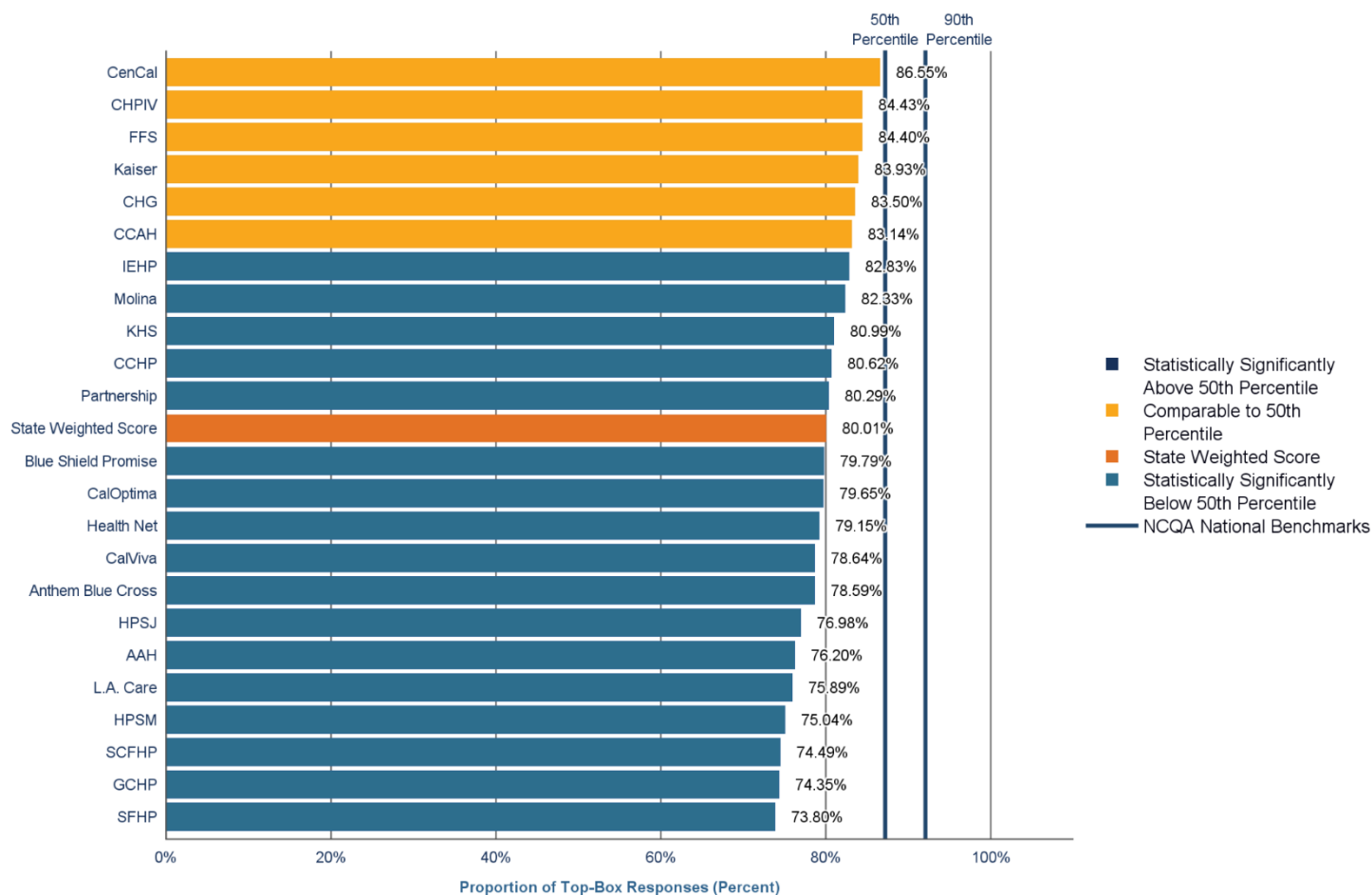


Table 22 shows the 2023, 2024, and 2025 child top-box scores for *Getting Care Quickly*.

**Table 22—*Getting Care Quickly*: Child Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	74.53%	83.16%	76.20%	—	—
Anthem Blue Cross	81.38%	81.38%	78.59%	—	—
Blue Shield Promise	79.78%	82.91%	79.79%	—	—
CalOptima	82.29%	77.81%	79.65%	—	—
CalViva	79.38%	82.75%	78.64%	—	—
CenCal	86.02%	84.41%	86.55%	—	—
CCAH	79.54%	80.73%	83.14%	—	—
CHG	81.96%	83.33%	83.50%	—	—
CHPIV	NA	NA	84.43%	NC	NC
CCHP	80.71%	79.66%	80.62%	—	—
FFS	S	84.81%	84.40%	NC	—
GCHP	74.83%	80.09%	74.35%	—	—
Health Net	76.11%	77.96%	79.15%	—	—
HPSJ	71.93%	77.05%	76.98%	—	—



Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSM	81.41%	76.33%	75.04%	—	—
IEHP	82.38%	81.68%	82.83%	—	—
Kaiser	NA	87.03%	83.93%	NC	—
KHS	84.52%	80.21%	80.99%	—	—
L.A. Care	78.03%	77.63%	75.89%	—	—
Molina	76.72%	81.45%	82.33%	—	—
Partnership	82.68%	77.72%	80.29%	—	—
SFHP	70.02%	74.30%	73.80%	—	—
SCFHP	71.78%	75.77%	74.49%	—	—

### Summary of Results—Getting Care Quickly

#### Adult

- » PSP Statewide scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- » No MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- » The following eight MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
  - AAH
  - Anthem Blue Cross
  - Health Net
  - HPSM
  - GCHP
  - Partnership
  - SCFHP
  - SFHP
- » No MCPs scored statistically significantly higher in 2025 than in 2024.
- » The following two MCPs scored statistically significantly higher in 2025 than in 2023.
  - Anthem Blue Cross
  - CHG
- » No MCPs scored statistically significantly lower in 2025 than in 2024 or 2023.

## Child

- » No MCPs scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- » The following 17 MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
  - AAH
  - Anthem Blue Cross
  - Blue Shield Promise
  - CalOptima
  - CalViva
  - CCHP
  - GCHP
  - Health Net
  - HPSJ
  - HPSM
  - IEHP
  - KHS
  - L.A. Care
  - Molina
  - Partnership
  - SFHP
  - SCFHP
- » No MCPs scored statistically significantly higher or lower in 2025 than in 2024 or 2023.

## How Well Doctors Communicate

### ***Measure Definition***

This measure assesses how often members' doctors communicated well including:

- » Explained things in a way that was easy to understand
- » Listened carefully to adult member or parent/caretaker of child member
- » Showed respect for what adult member or parent/caretaker of child member had to say
- » Spent enough time with member

### **Adult Results**

Figure 18 shows the adult top-box scores for *How Well Doctors Communicate*.

Figure 18—How Well Doctors Communicate: Adult Top-Box Scores

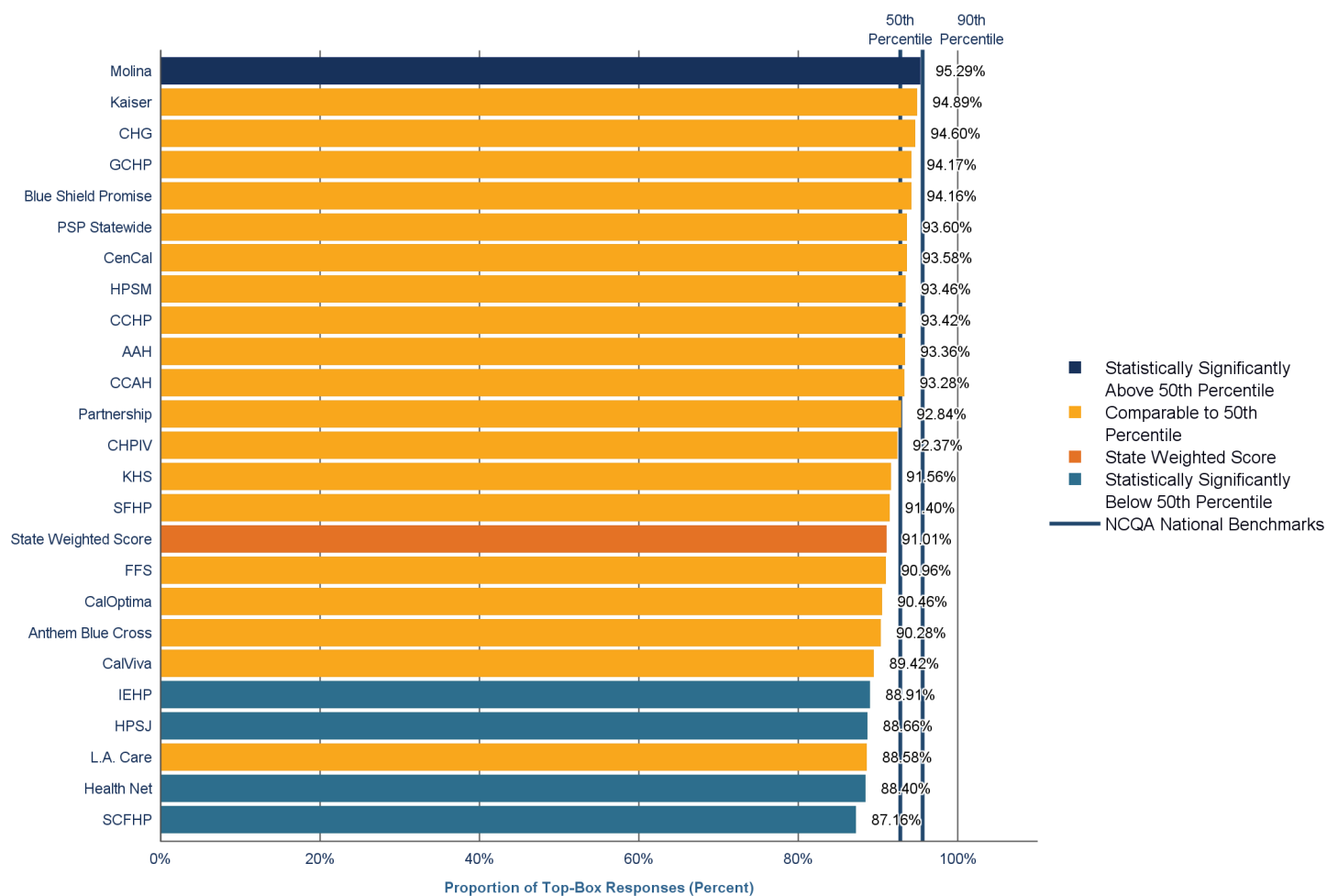


Table 23 shows the 2023, 2024, and 2025 adult top-box scores for *How Well Doctors Communicate*.

### Table 23—*How Well Doctors Communicate*: Adult Comparative Analysis Results

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	92.37%	91.40%	93.36%	—	—
Anthem Blue Cross	85.40%	88.06%	90.28%	—	—
Blue Shield Promise	93.44%	S	94.16%	—	NC
CalOptima	91.87%	S	90.46%	—	NC
CalViva	89.23%	90.02%	89.42%	—	—
CenCal	90.72%	90.31%	93.58%	—	—
CCAH	92.95%	90.95%	93.28%	—	—
CHG	92.73%	S	94.60%	—	NC
CHPIV	NA	NA	92.37%	NC	NC
CCHP	93.84%	97.00%	93.42%	—	—
FFS	S	91.68%	90.96%	NC	—
GCHP	93.61%	92.83%	94.17%	—	—

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
Health Net	88.00%	89.09%	88.40%	—	—
HPSJ	87.77%	89.23%	88.66%	—	—
HPSM	91.60%	S	93.46%	—	NC
IEHP	91.98%	S	88.91%	—	NC
Kaiser	NA	87.67%	94.89%	NC	▲
KHS	91.27%	88.30%	91.56%	—	—
L.A. Care	89.54%	91.63%	88.58%	—	—
Molina	89.99%	91.12%	95.29%	▲	—
Partnership	89.38%	91.41%	92.84%	—	—
PSP Statewide	NA	93.23%	93.60%	NC	—
SFHP	90.25%	91.58%	91.40%	—	—
SCFHP	90.84%	88.91%	87.16%	—	—

## Child Results

Figure 19 shows the child top-box scores for *How Well Doctors Communicate*.

Figure 19—*How Well Doctors Communicate*: Child Top-Box Scores

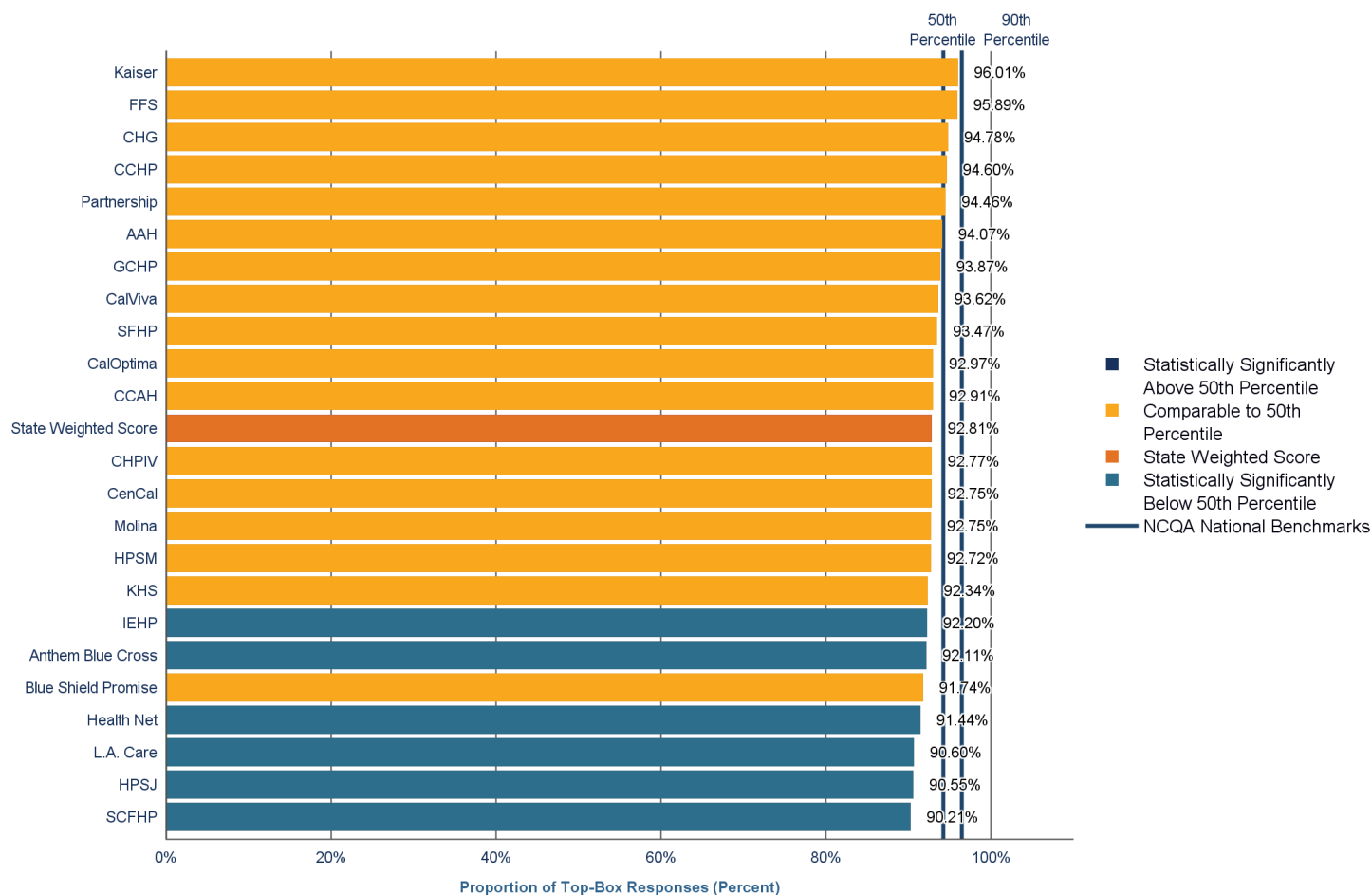


Table 24 shows the 2023, 2024, and 2025 child top-box scores for *How Well Doctors Communicate*.

**Table 24—How Well Doctors Communicate: Child Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	92.81%	93.59%	94.07%	—	—
Anthem Blue Cross	92.73%	91.59%	92.11%	—	—
Blue Shield Promise	95.13%	94.36%	91.74%	▼	—
CalOptima	93.99%	91.34%	92.97%	—	—
CalViva	89.04%	91.34%	93.62%	▲	—
CenCal	92.90%	93.87%	92.75%	—	—
CCAH	93.28%	91.15%	92.91%	—	—
CHG	91.87%	95.81%	94.78%	▲	—
CHPIV	NA	NA	92.77%	NC	NC
CCHP	93.07%	93.03%	94.60%	—	—
FFS	S	94.21%	95.89%	NC	—
GCHP	92.14%	93.18%	93.87%	—	—



Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
Health Net	90.99%	89.86%	91.44%	—	—
HPSJ	90.70%	90.28%	90.55%	—	—
HPSM	91.89%	92.30%	92.72%	—	—
IEHP	94.41%	92.08%	92.20%	—	—
Kaiser	NA	96.49%	96.01%	NC	—
KHS	90.29%	89.28%	92.34%	—	—
L.A. Care	91.06%	90.33%	90.60%	—	—
Molina	91.16%	94.20%	92.75%	—	—
Partnership	93.41%	92.52%	94.46%	—	—
SFHP	92.14%	91.02%	93.47%	—	—
SCFHP	90.57%	91.69%	90.21%	—	—

## Summary of Results—How Well Doctors Communicate

### Adult

- » Molina scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- » The following four MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
  - Health Net
  - HPSJ
  - IEHP
  - SCFHP
- » Kaiser scored statistically significantly higher in 2025 than in 2024.
- » Molina scored statistically significantly higher in 2025 than in 2023
- » No MCPs scored statistically significantly lower in 2025 than in 2024 or 2023.

### Child

- » No MCP scored statistically significantly above the NCQA child Medicaid national 50th percentile.

- » The following six MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
  - Anthem Blue Cross
  - Health Net
  - HPSJ
  - IEHP
  - L.A. Care
  - SCFHP
- » No MCPs scored statistically significantly higher or lower in 2025 than in 2024.
- » The following two MCPs scored statistically significantly higher in 2025 than in 2023.
  - CalViva
  - CHG
- » Blue Shield Promise scored statistically significantly lower in 2025 than in 2023.

## Customer Service

### Measure Definition

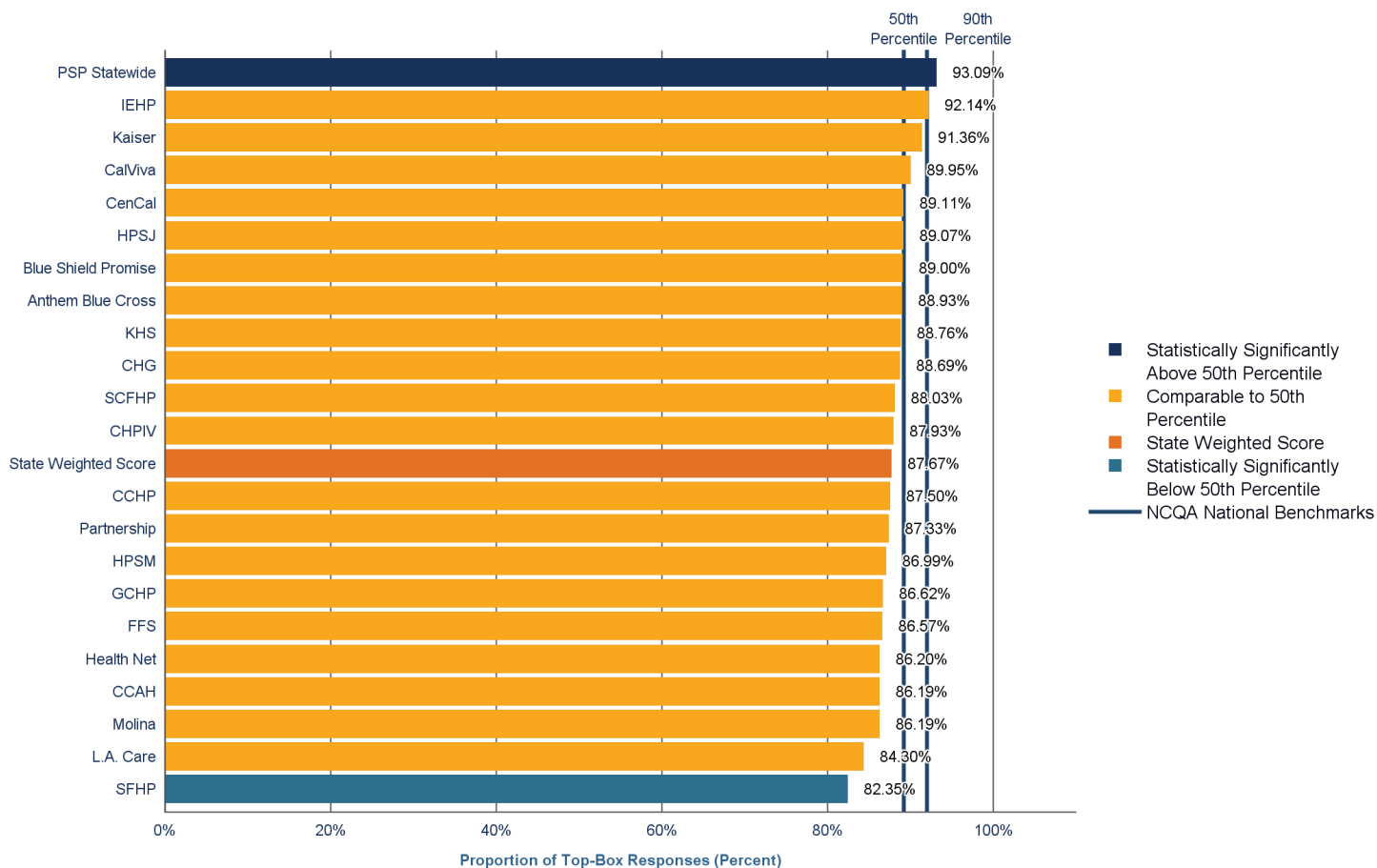
This measure assesses how often adult members and parents/caretakers of child members were satisfied with their/their child's health plan's customer service including:

- » Received information or help needed
- » Treated with courtesy and respect

### Adult Results

Figure 20 shows the adult top-box scores for *Customer Service*.

Figure 20—*Customer Service*: Adult Top-Box Scores



Scores for AAH and CalOptima are not displayed in the figure above since fewer than 100 respondents responded to this measure.

Table 25 shows the 2023, 2024, and 2025 adult top-box scores for *Customer Service*.

**Table 25—Customer Service: Adult Comparative Analysis Results**

▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.

▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.

— Indicates the 2025 score is not statistically significantly different than the comparison year's score.

S Indicates data are suppressed due to fewer than 100 respondents.

NA Indicates the population was not included in the survey administration; therefore, results are not available.

NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	S	83.13%	S	NC	NC
Anthem Blue Cross	79.90%	S	88.93%	▲	NC
Blue Shield Promise	86.23%	S	89.00%	—	NC
CalOptima	88.12%	S	S	NC	NC
CalViva	89.84%	S	89.95%	—	NC
CenCal	91.87%	S	89.11%	—	NC
CCAH	84.10%	S	86.19%	—	NC
CHG	86.83%	S	88.69%	—	NC
CHPIV	NA	NA	87.93%	NC	NC
CCHP	84.92%	S	87.50%	—	NC
FFS	S	85.47%	86.57%	NC	—
GCHP	90.07%	S	86.62%	—	NC
Health Net	85.98%	S	86.20%	—	NC
HPSJ	86.33%	S	89.07%	—	NC

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSM	87.10%	S	86.99%	—	NC
IEHP	90.49%	S	92.14%	—	NC
Kaiser	NA	S	91.36%	NC	NC
KHS	88.64%	S	88.76%	—	NC
L.A. Care	84.89%	S	84.30%	—	NC
Molina	88.31%	S	86.19%	—	NC
Partnership	S	S	87.33%	NC	NC
PSP Statewide	NA	91.20%	93.09%	NC	—
SFHP	82.08%	S	82.35%	—	NC
SCFHP	81.71%	S	88.03%	—	NC

## Child Results

Figure 21 shows the child top-box scores for *Customer Service*.

Figure 21—*Customer Service*: Child Top-Box Scores

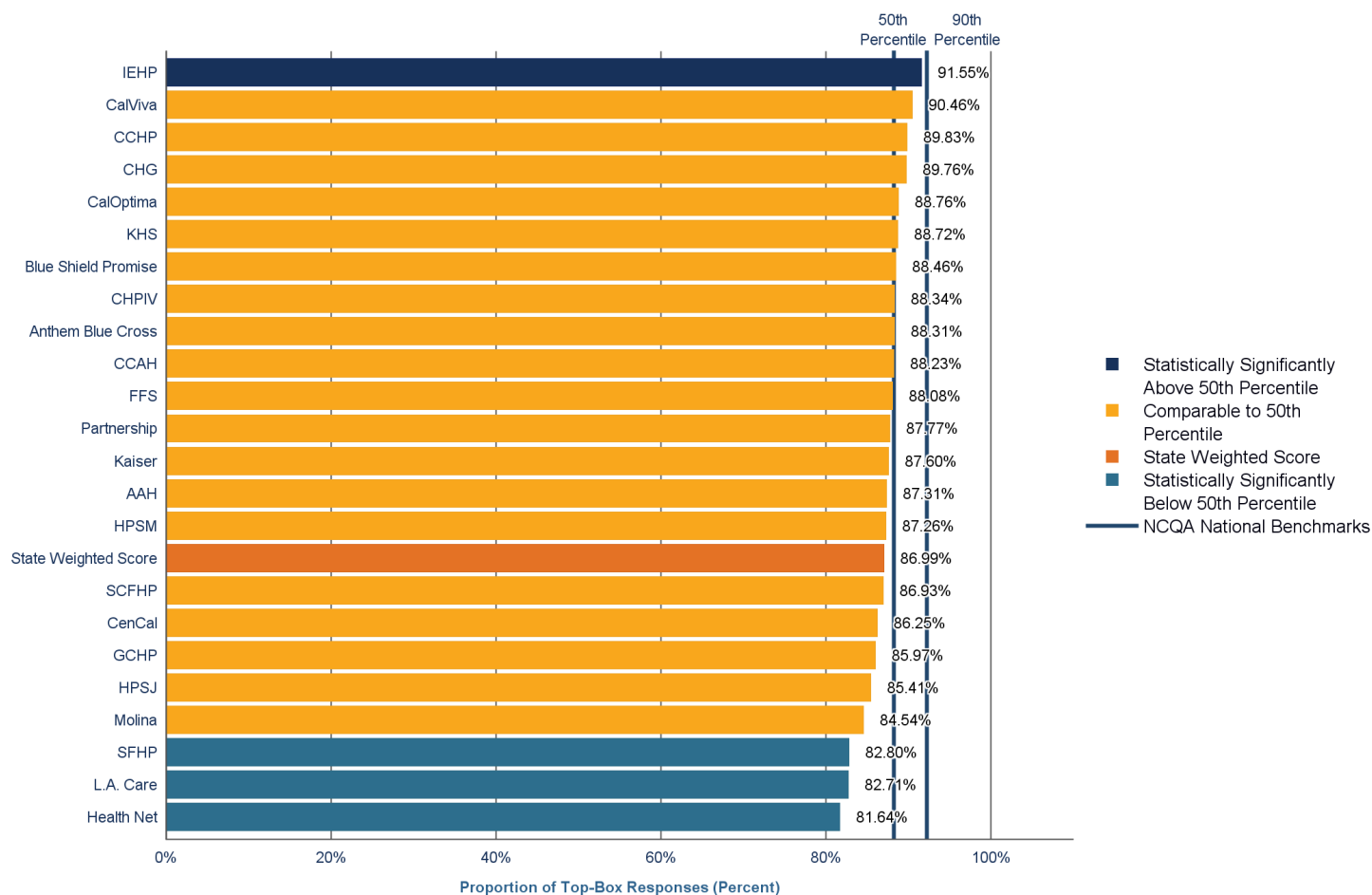


Table 26 shows the 2023, 2024, and 2025 child top-box scores for *Customer Service*.

**Table 26—Customer Service: Child Comparative Analysis Results**

- ▲ Indicates the 2025 score is statistically significantly higher than the comparison year's score.
- ▼ Indicates the 2025 score is statistically significantly lower than the comparison year's score.
- Indicates the 2025 score is not statistically significantly different than the comparison year's score.
- S Indicates data are suppressed due to fewer than 100 respondents.
- NA Indicates the population was not included in the survey administration; therefore, results are not available.
- NC Indicates the score is not comparable due to the population not being included in the survey administration or comparative data are suppressed.

Comparisons are based on the *t* test of statistical significance, with a *p* value of < 0.05.

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
AAH	87.58%	S	87.31%	—	NC
Anthem Blue Cross	89.47%	85.19%	88.31%	—	—
Blue Shield Promise	89.44%	89.51%	88.46%	—	—
CalOptima	88.08%	85.17%	88.76%	—	—
CalViva	88.21%	83.77%	90.46%	—	▲
CenCal	S	89.08%	86.25%	NC	—
CCAH	92.91%	85.60%	88.23%	—	—
CHG	87.12%	S	89.76%	—	NC
CHPIV	NA	NA	88.34%	NC	NC
CCHP	84.90%	90.52%	89.83%	—	—
FFS	S	84.99%	88.08%	NC	—
GCHP	82.61%	91.34%	85.97%	—	—
Health Net	81.25%	86.27%	81.64%	—	—
HPSJ	87.32%	87.68%	85.41%	—	—

Medi-Cal Population	2023	2024	2025	2025 to 2023 Comparison Difference	2025 to 2024 Comparison Difference
HPSM	87.03%	85.15%	87.26%	—	—
IEHP	88.89%	90.65%	91.55%	—	—
Kaiser	NA	91.27%	87.60%	NC	—
KHS	87.70%	89.56%	88.72%	—	—
L.A. Care	87.95%	87.33%	82.71%	—	—
Molina	86.92%	88.83%	84.54%	—	—
Partnership	87.14%	86.49%	87.77%	—	—
SFHP	82.46%	85.03%	82.80%	—	—
SCFHP	83.55%	86.16%	86.93%	—	—

## Summary of Results—Customer Service

### Adult

Of the reportable Medi-Cal populations:

- » PSP Statewide scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- » No MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- » SFHP scored statistically significantly below the NCQA adult Medicaid national 50th percentile.
- » All MCPs had fewer than 100 respondents in 2025 and/or 2024; therefore, the 2025 MCP scores are not comparable to the 2024 scores.
- » Anthem Blue Cross scored statistically significantly higher in 2025 than in 2023.
- » No MCPs scored statistically significantly lower in 2025 than in 2023.



**Child**

- » IEHP scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- » The following three MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
  - Health Net
  - L.A. Care
  - SFHP
- » CalViva scored statistically significantly higher in 2025 than in 2024.
- » No MCPs scored statistically significantly lower in 2025 than in 2024.
- » No MCPs scored statistically significantly higher or lower in 2025 than in 2023.

## Medical Assistance with Smoking and Tobacco Use Cessation Measure Items

### Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies

#### Measure Items Definitions

The following measure items assess different facets of providing medical assistance with smoking and tobacco use cessation:

- » *Advising Smokers and Tobacco Users to Quit*—how often smokers or tobacco users were advised to quit smoking or using tobacco by a doctor or other health provider
- » *Discussing Cessation Medications*—how often medication was recommended or discussed by a doctor or other health provider to assist smokers or tobacco users to quit smoking or using tobacco
- » *Discussing Cessation Strategies*—how often doctors or other health providers discussed or provided methods or strategies other than medication to assist smokers or tobacco users to quit smoking or using tobacco

#### Summary of Results

The scores for every MCP, except Partnership, as well as FFS and PSP Statewide, were suppressed since fewer than 100 respondents responded for every measure item. The scores for Partnership were suppressed for the *Advising Smokers and Tobacco Users to Quit* and *Discussing Cessation Strategies* measure items. For *Discussing Cessation Medications*, Partnership scored statistically significantly below the NCQA adult Medicaid national 50th percentile and did not score statistically significantly higher or lower in 2025 (43.00 percent) than in 2024 (38.22 percent) or 2023 (45.30 percent).

## CONCLUSIONS AND CONSIDERATIONS



## Conclusions

HSAG used the results from the State weighted scores, State Comparisons, and Comparative Analysis to identify notable results. HSAG also used the results to identify opportunities for improvement for DHCS' consideration as DHCS engages with the MCPs and PSPs on quality improvement strategies.

Table 27 and Table 28 show the notable results and opportunities for improvement, respectively, for the adult population, and Table 29 and Table 30 show the notable results and opportunities for improvement, respectively, for the child population.

Table 27—Adult Notable Results

Measure	Statistically Significantly Above National 50th Percentile	Statistically Significantly Higher in 2025 than 2023	Statistically Significantly Higher in 2025 than 2024
<i>Rating of Health Plan</i>	<ul style="list-style-type: none"> <li>» Blue Shield Promise</li> <li>» CCHP</li> <li>» CHG</li> <li>» CHPIV</li> <li>» Kaiser</li> <li>» PSP Statewide</li> </ul>	<ul style="list-style-type: none"> <li>» CHG</li> <li>» CCHP</li> <li>» HPSM</li> <li>» Partnership</li> </ul>	<ul style="list-style-type: none"> <li>» Blue Shield Promise</li> <li>» CenCal</li> <li>» CHG</li> <li>» PSP Statewide</li> </ul>
<i>Rating of All Health Care</i>	<ul style="list-style-type: none"> <li>» Blue Shield Promise</li> <li>» CCHP</li> <li>» CHPIV</li> <li>» Kaiser</li> <li>» PSP Statewide</li> </ul>	<ul style="list-style-type: none"> <li>» Blue Shield Promise</li> </ul>	<ul style="list-style-type: none"> <li>» Blue Shield Promise</li> </ul>

Measure	Statistically Significantly Above National 50th Percentile	Statistically Significantly Higher in 2025 than 2023	Statistically Significantly Higher in 2025 than 2024
<i>Rating of Personal Doctor</i>	<ul style="list-style-type: none"> <li>» CCHP</li> <li>» CHPIV</li> <li>» HPSM</li> <li>» KHS</li> <li>» PSP Statewide</li> </ul>	<ul style="list-style-type: none"> <li>» HPSM</li> <li>» KHS</li> </ul>	<ul style="list-style-type: none"> <li>» Blue Shield Promise</li> <li>» HPSM</li> <li>» IEHP</li> <li>» Kaiser</li> </ul>
<i>Rating of Specialist Seen Most Often</i>	<ul style="list-style-type: none"> <li>» CHG</li> <li>» CHPIV</li> <li>» Kaiser</li> </ul>	<ul style="list-style-type: none"> <li>» KHS</li> </ul>	
<i>Getting Needed Care</i>		<ul style="list-style-type: none"> <li>» CalOptima</li> </ul>	
<i>Getting Care Quickly</i>	<ul style="list-style-type: none"> <li>» PSP Statewide</li> </ul>	<ul style="list-style-type: none"> <li>» Anthem Blue Cross</li> <li>» CHG</li> </ul>	
<i>How Well Doctors Communicate</i>	<ul style="list-style-type: none"> <li>» Molina</li> </ul>	<ul style="list-style-type: none"> <li>» Molina</li> </ul>	<ul style="list-style-type: none"> <li>» Kaiser</li> </ul>
<i>Customer Service</i>	<ul style="list-style-type: none"> <li>» PSP Statewide</li> </ul>	<ul style="list-style-type: none"> <li>» Anthem Blue Cross</li> </ul>	

Table 28—Adult Opportunities for Improvement

Measure	Statistically Significantly Below National 50th Percentile	Statistically Significantly Lower in 2025 than 2023	Statistically Significantly Lower in 2025 than 2024
<i>Rating of Health Plan</i>	<ul style="list-style-type: none"> <li>» AAH</li> <li>» Anthem Blue Cross</li> <li>» FFS</li> <li>» Partnership</li> <li>» SCFHP</li> </ul>	<ul style="list-style-type: none"> <li>» AAH</li> </ul>	<ul style="list-style-type: none"> <li>» CalViva</li> <li>» FFS</li> </ul>
<i>Rating of Personal Doctor</i>	<ul style="list-style-type: none"> <li>» Health Net</li> <li>» SFHP</li> <li>» SCFHP</li> </ul>		
<i>Getting Needed Care</i>	<ul style="list-style-type: none"> <li>» Anthem Blue Cross</li> <li>» CCHP</li> <li>» Health Net</li> <li>» HPSJ</li> <li>» HPSM</li> <li>» FFS</li> <li>» Partnership</li> <li>» SFHP</li> <li>» SCFHP</li> </ul>		

Measure	Statistically Significantly Below National 50th Percentile	Statistically Significantly Lower in 2025 than 2023	Statistically Significantly Lower in 2025 than 2024
<i>Getting Care Quickly</i>	<ul style="list-style-type: none"> <li>» AAH</li> <li>» Anthem Blue Cross</li> <li>» GCHP</li> <li>» Health Net</li> <li>» HPSM</li> <li>» Partnership</li> <li>» SFHP</li> <li>» SCFHP</li> </ul>		
<i>How Well Doctors Communicate</i>	<ul style="list-style-type: none"> <li>» Health Net</li> <li>» HPSJ</li> <li>» IEHP</li> <li>» SCFHP</li> </ul>		
<i>Customer Service</i>	<ul style="list-style-type: none"> <li>» SFHP</li> </ul>		
<i>Discussing Cessation Medications</i>	<ul style="list-style-type: none"> <li>» Partnership</li> </ul>		

Table 29—Child Notable Results

Measure	Statistically Significantly Above National 50th Percentile	Statistically Significantly Higher in 2025 than 2023	Statistically Significantly Higher in 2025 than 2024
<i>Rating of Health Plan</i>	» IEHP » Kaiser	» Anthem Blue Cross » CalViva » CHG	» Blue Shield Promise
<i>Rating of All Health Care</i>		» CalViva » CCAH » Health Net » SCFHP	» CCAH » SFHP
<i>Rating of Personal Doctor</i>		» AAH » CenCal » KHS	» KHS
<i>Rating of Specialist Seen Most Often</i>	» CCHP » CHG		
<i>Getting Needed Care</i>		» Partnership » SCFHP	» CCAH » Partnership
<i>How Well Doctors Communicate</i>		» CalViva » CHG	
<i>Customer Service</i>	» IEHP		» CalViva



Table 30—Child Opportunities for Improvement

Measure	Statistically Significantly Below National 50th Percentile	Statistically Significantly Lower in 2025 than 2023	Statistically Significantly Lower in 2025 than 2024
<i>Rating of Health Plan</i>	<ul style="list-style-type: none"> <li>» Anthem Blue Cross</li> <li>» FFS</li> <li>» Health Net</li> <li>» L.A. Care</li> <li>» Partnership</li> </ul>		
<i>Rating of All Health Care</i>	<ul style="list-style-type: none"> <li>» Anthem Blue Cross</li> <li>» HPSJ</li> <li>» KHS</li> <li>» L.A. Care</li> </ul>		
<i>Rating of Personal Doctor</i>	<ul style="list-style-type: none"> <li>» Anthem Blue Cross</li> <li>» HPSJ</li> <li>» L.A. Care</li> <li>» SCFHP</li> </ul>		<ul style="list-style-type: none"> <li>» CHG</li> </ul>

Measure	Statistically Significantly Below National 50th Percentile	Statistically Significantly Lower in 2025 than 2023	Statistically Significantly Lower in 2025 than 2024
Getting Needed Care	<ul style="list-style-type: none"> <li>» AAH</li> <li>» Anthem Blue Cross</li> <li>» CalOptima</li> <li>» CalViva</li> <li>» Health Net</li> <li>» HPSJ</li> <li>» HPSM</li> <li>» GCHP</li> <li>» KHS</li> <li>» Molina</li> <li>» L.A. Care</li> <li>» SFHP</li> </ul>	<ul style="list-style-type: none"> <li>» HPSM</li> </ul>	

Measure	Statistically Significantly Below National 50th Percentile	Statistically Significantly Lower in 2025 than 2023	Statistically Significantly Lower in 2025 than 2024
Getting Care Quickly	<ul style="list-style-type: none"> <li>» AAH</li> <li>» Anthem Blue Cross</li> <li>» Blue Shield Promise</li> <li>» CalOptima</li> <li>» CalViva</li> <li>» CCHP</li> <li>» GCHP</li> <li>» Health Net</li> <li>» HPSJ</li> <li>» HPSM</li> <li>» IEHP</li> <li>» KHS</li> <li>» L.A. Care</li> <li>» Molina</li> <li>» Partnership</li> <li>» SFHP</li> <li>» SCFHP</li> </ul>		

Measure	Statistically Significantly Below National 50th Percentile	Statistically Significantly Lower in 2025 than 2023	Statistically Significantly Lower in 2025 than 2024
<i>How Well Doctors Communicate</i>	<ul style="list-style-type: none"> <li>» Anthem Blue Cross</li> <li>» Health Net</li> <li>» HPSJ</li> <li>» IEHP</li> <li>» L.A. Care</li> <li>» SCFHP</li> </ul>	<ul style="list-style-type: none"> <li>» Blue Shield Promise</li> </ul>	
<i>Customer Service</i>	<ul style="list-style-type: none"> <li>» Health Net</li> <li>» L.A. Care</li> <li>» SFHP</li> </ul>		

The following findings indicate opportunities for improvement in member experience for several areas of care for the adult and child populations:

- » The State weighted scores were at or below the 2024 NCQA Medicaid national 50th percentiles for every measure except *Rating of All Health Care* for the adult population and for every measure except *Rating of Specialist Seen Most Often* for the child population.
- » Of the 11 measures for the adult population and eight measures for the child population, Table 31 shows the number of reportable measures where the MCPs, FFS, and PSP Statewide scored statistically significantly below the 2024 NCQA Medicaid national 50th percentiles. Of note, the scores for every MCP except Partnership, as well as FFS and PSP Statewide, were suppressed for the medical assistance with smoking and tobacco use cessation measure items since fewer than 100 respondents responded for every measure item.

**Table 31—Number of Reportable Measures Statistically Significantly Below National 50th Percentiles**

NA Indicates that PSP Statewide does not apply to the child population.

<b>Medi-Cal Population</b>	<b>Adult</b>	<b>Child</b>
AAH	2 (Out of 6)	2 (Out of 8)
Anthem Blue Cross	3 (Out of 8)	6 (Out of 8)
Blue Shield Promise	0 (Out of 8)	1 (Out of 7)
CalOptima	0 (Out of 7)	2 (Out of 8)
CalViva	0 (Out of 8)	2 (Out of 8)
CenCal	0 (Out of 8)	0 (Out of 8)
CCAH	0 (Out of 8)	0 (Out of 8)
CHG	0 (Out of 8)	0 (Out of 8)
CHPIV	0 (Out of 8)	0 (Out of 8)
CCHP	1 (Out of 8)	1 (Out of 8)
FFS	2 (Out of 8)	1 (Out of 7)
GCHP	1 (Out of 8)	2 (Out of 7)
Health Net	4 (Out of 8)	5 (Out of 8)
HPSJ	2 (Out of 8)	5 (Out of 8)
HPSM	2 (Out of 8)	2 (Out of 7)
IEHP	1 (Out of 8)	2 (Out of 8)
Kaiser	0 (Out of 8)	0 (Out of 7)
KHS	0 (Out of 8)	3 (Out of 8)
L.A. Care	0 (Out of 8)	7 (Out of 8)
Molina	0 (Out of 8)	2 (Out of 8)
Partnership	4 (Out of 9)	2 (Out of 7)
PSP Statewide	0 (Out of 8)	NA
SFHP	4 (Out of 8)	3 (Out of 8)
SCFHP	5 (Out of 8)	3 (Out of 8)

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

- » The differences between the NCQA adult Medicaid national 50th and 90th percentiles ranged from 2.74 percentage points to 9.72 percentage points, with an average of 5.27 percentage points.
- » The differences between the adult population's State weighted scores and the NCQA adult Medicaid national 50th percentiles ranged from 4.30 percentage points below to 1.00 percentage points above the NCQA adult Medicaid national 50th percentiles, with an average of 1.70 percentage points below the NCQA adult Medicaid national 50th percentiles.

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

- » The differences between the NCQA child Medicaid national 50th and 90th percentiles ranged from 2.27 percentage points to 5.46 percentage points, with an average of 4.04 percentage points.
- » The differences between the child population's State weighted scores and the NCQA child Medicaid national 50th percentiles ranged from 7.21 percentage points below to 0.09 percentage points above the NCQA child Medicaid national 50th percentiles, with an average of 2.54 percentage points below the NCQA child Medicaid national 50th percentiles.

## Quality Improvement Efforts

DHCS is currently working with the MCPs to implement the following quality improvement and health management efforts that are expected to deliver a person-centered, equity-focused, and data-driven Medi-Cal program:<sup>44</sup>

- » One Standard Contract: Effective January 1, 2024, DHCS moved to using one standard model contract for all plan models instead of multiple model contracts for standardization, care coordination, access to community-based resources, and behavioral and physical health integration across all counties.<sup>45,46</sup> Also, per the 2024 contract, MCPs will be required to publicly report on consumer satisfaction regarding access, quality improvement, and health equity on an ongoing basis.
- » California Advancing and Innovating Medi-Cal (CalAIM): This multi-year initiative strives to improve the quality of life and health outcomes of the Medi-Cal population using a whole-person care approach that targets social drivers of health with a goal of reducing health disparities and inequities. Specifically, a major goal of CalAIM is to standardize benefits and care delivery across the state of California, which includes reduced variation for members as they move within the State and between MCPs, and improved access since this can directly affect member experience. CalAIM is focused on DHCS' quality strategy goals of improving member experience and engaging members as owners of their own care through the following initiatives:<sup>47</sup>
  - Providing high-need members with Enhanced Care Management (ECM) and Community Supports services despite whether they qualify for ECM.<sup>48</sup>

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<sup>44</sup> California Department of Health Care Services. *Joint Statement on the 2024 Medi-Cal Managed Care Plan Contracts*. Available at: <https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx>. Accessed on: Aug 14, 2025.

<sup>45</sup> Ibid.

<sup>46</sup> 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 14, 2025.

<sup>47</sup> Ibid.

<sup>48</sup> California Department of Health Care Services. *Enhanced Care Management and Community Supports*. Available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx>. Accessed on: Aug 14, 2025.

- Allowing eligible Californians who are incarcerated to receive a targeted set of Medi-Cal services for up to 90 days prior to release through the Justice-Involved Initiative.<sup>49</sup>
  - Providing incentives to MCPs that meet key targets in transformative programs and services through the Incentive Payment Program.<sup>50</sup>
  - Requiring the MCPs to submit an annual Population Health Management (PHM) Strategy Deliverable to update DHCS on the MCPs' PHM programs in an effort to identify the needs and strengths within members' communities.<sup>51</sup>
  - Funding historically under-resourced partners such as community-based organizations and public hospitals to strengthen the capacity of staff, billing systems, and data exchange resources under the Providing Access and Transforming Health initiative.<sup>52</sup>
- » Ages 26 through 49 Adult Expansion: DHCS is working collaboratively with other entities to ensure that the Ages 26 through 49 Adult Expansion initiative that was enacted on January 1, 2024, is successfully implemented. This new law allows adults ages 26 through 49 to qualify for full-scope Medi-Cal, regardless of immigration status.<sup>53</sup>
- » Health Equity Roadmap Initiative: Starting in November 2023, DHCS representatives began touring the state to conduct listening sessions with Medi-Cal members who experienced inequities in an effort to identify common themes

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<sup>49</sup> California Department of Health Care Services. *Justice-Involved Initiative*. Available at: <https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/home.aspx>. Accessed on: Aug 14, 2025.

<sup>50</sup> California Department of Health Care Services. *Incentive Payment Program*. Available at: <https://www.dhcs.ca.gov/Pages/incentivepaymentprogram.aspx>. Accessed on: Aug 14, 2025.

<sup>51</sup> California Department of Health Care Services. *CalAIM Population Health Management Initiative*. Available at: <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>. Accessed on: Aug 14, 2025.

<sup>52</sup> California Department of Health Care Services. *CalAIM Providing Access and Transforming Health Initiative*. Available at: <https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx>. Accessed on: Aug 14, 2025.

<sup>53</sup> California Department of Health Care Services. *Ages 26 through 49 Adult Full Scope Medi-Cal Expansion*. Available at: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Adult-Expansion.aspx#:~:text=Basic%20Information,income%20limits%2C%20will%20still%20apply>. Accessed on: Aug 14, 2025.



regarding inequity that will inform the design of a final Health Equity Roadmap, which will lay out specific, actionable items that will result in more equitable care.<sup>54</sup>

- » Medi-Cal Member Advisory Committee: DHCS offers Medi-Cal members and caregivers the opportunity to share thoughts, ideas, and experiences directly with DHCS on a quarterly basis. The goal of the committee is to make programs better, fairer, and helpful for all and improve the health of Medi-Cal members.<sup>55</sup>
- » Birthing Care Pathway: To reduce maternal morbidity and mortality and make maternal health more equitable, DHCS launched the Birthing Care Pathway initiative in 2023. Since 2023, DHCS has met with members who were currently pregnant or up to 24 months postpartum to learn more about diverse lived experiences, especially those facing health disparities. DHCS also engaged partners in discussing challenges pregnant or postpartum members experience through interviews, workgroups, and forums to inform the design of the Birthing Care Pathway.<sup>56</sup>
- » Ethnic Media Campaign: In 2023 and 2024, DHCS partnered with Ethnic Media Services and California Black Media to increase awareness of Medi-Cal's transformation through targeted ethnic media outreach. The campaign included webinar briefings, community forums, reporting fellowships, and regional lunch

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<sup>54</sup> California Department of Health Care Services. *A Healthier California for All*. Available at: <https://www.dhcs.ca.gov/Health-Equity-Roadmap/Pages/Home.aspx>. Accessed on: Sep 17, 2025.

<sup>55</sup> California Department of Health Care Services. *DHCS Medi-Cal Member Advisory Committee*. Available at: <https://www.dhcs.ca.gov/formsandpubs/publications/oc/Pages/DHCS-Medi-Cal-Member-Advisory-Committee.aspx>. Accessed on: Sep 17, 2025.

<sup>56</sup> California Department of Health Care Services. *DHCS Birthing Care Pathway*. Available at: <https://www.dhcs.ca.gov/CalAIM/Pages/BirthingCarePathway.aspx>. Accessed on: Sep 17, 2025.

and learn events, which strengthened connections with ethnic communities and amplified awareness of Medi-Cal's benefits and services.<sup>57,58,59</sup>

- » Virtual Member Feedback Forums: DHCS facilitates virtual discussion boards with Medi-Cal members and caregivers to explore topics, such as perceptions of Medi-Cal services, challenges with accessing care, and reactions to new programs like Medi-Medi Plans and Community Support. Virtual methods of obtaining this information included:
  - Webinars and Meetings<sup>60</sup>
  - Stakeholder Engagement<sup>61</sup>
  - Stakeholder Meetings and Webinars<sup>62</sup>
  - Responses to Proposed Changes to Medi-Cal Per Tribal Notifications<sup>63</sup>
- » Coverage Ambassadors: Through DHCS' Coverage Ambassador program, trusted members of diverse groups and organizations assist Medi-Cal members in

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<sup>57</sup> California Department of Health Care Services. *ANNOUNCEMENT: CALIFORNIA TO DISCUSS MEDI-CAL TRANSFORMATION*. Available at: <https://www.dhcs.ca.gov/hm/formsandpubs/publications/oc/Documents/2023/23-46-Ethnic-Media-Briefing-Media-Advisory-11-15-23.pdf>. Accessed on: Sep 26, 2025.

<sup>58</sup> Jackson M. Medi-Cal Enhanced: California's Efforts to Improve Health Services Are Paying Off. *Inland Valley News*. April 22, 2024. Available at: <https://inlandvalleynews.com/medi-cal-enhanced-californias-efforts-to-improve-health-services-are-paying-off/>. Accessed on: Sep 26, 2025.

<sup>59</sup> Boylan A, Wilhelm P, Oliphant J, Nguyen T. How Medi-Cal Transformation is Expanding Access to Behavioral Health Care Services. *Ethnic Media Services News Briefing*. May 16, 2024. Available at: <https://inlandvalleynews.com/medi-cal-enhanced-californias-efforts-to-improve-health-services-are-paying-off/>. Accessed on: Sep 26, 2025.

<sup>60</sup> California Department of Health Care Services. *Webinars and Other Meetings*. Available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Webinars-Meetings.aspx>. Accessed on: Sep 26, 2025.

<sup>61</sup> California Department of Health Care Services. *Stakeholder Engagement*. Available at: <https://www.dhcs.ca.gov/provgovpart/Pages/StakeholderEngagement.aspx>. Accessed on: Sep 26, 2025.

<sup>62</sup> California Department of Health Care Services. *Stakeholder Meetings and Webinars*. Available at: <https://www.dhcs.ca.gov/Pages/Stakeholder-Meetings-and-Webinars.aspx>. Accessed on: Sep 26, 2025.

<sup>63</sup> California Department of Health Care Services. *Notices of Proposed Changes to Medi-Cal Program*. Available at: [https://www.dhcs.ca.gov/services/rural/Pages/Tribal\\_Notifications.aspx](https://www.dhcs.ca.gov/services/rural/Pages/Tribal_Notifications.aspx). Accessed on: Sep 26, 2025.

finding, understanding, and keeping their health care coverage, including in different languages when possible and necessary.<sup>64</sup>

## Considerations

A total of six MCPs had fewer than 100 respondents for the measure *Rating of Specialist Seen Most Often* across the adult and child populations while two MCPs had fewer than 100 respondents for the measure *Customer Service* for the adult population. Only one MCP had greater than 100 respondents for one medical assistance with smoking and tobacco use cessation measure item.

Additionally, HSAG observed that the State weighted scores were below the 2024 NCQA Medicaid national 50th percentiles for every measure except *Rating of All Health Care* and *Rating of Specialist Seen Most Often* for the adult and child population, respectively. At least one MCP scored statistically significantly below the 2024 NCQA Medicaid national 50th percentiles for all measures except for *Rating of All Health Care* (adult population only) and *Rating of Specialist Seen Most Often*. A total of eight MCPs and 17 MCPs for the adult and child populations, respectively, scored statistically significantly below the 2024 NCQA Medicaid national 50th percentile for the *Getting Care Quickly* measure, indicating concerns with timely access to health care. HSAG suggests that DHCS conduct ongoing evaluation of the quality improvement efforts described on page 113 to determine if they are resulting in a positive impact on member experience.

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<sup>64</sup> California Department of Health Care Services. *Become a Coverage Ambassador*. Available at: <https://www.dhcs.ca.gov/ambassadors/Pages/home.aspx>. Accessed on: Sep 17, 2025.

## APPENDIX A: RESPONDENT ANALYSIS RESULTS



Table 32 through Table 35 present the results of the respondent analysis for the adult population and Table 36 through Table 39 present the results of the respondent analysis for the child population. Please note that variables from the sample frames were used for this analysis. For more information on the calculation of the respondent analysis, please refer to the “Respondent Analysis” heading in the Methodology section of this report on page 24.

**Table 32—Adult Respondent Analysis: Age**

- ↑ 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.

An “S” indicates fewer than 11 respondents exist in the numerator of this demographic category. HSAG suppressed displaying the number in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

Some percentages may not total 100% due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

	Adult Respondents					Adult Sample Frame				
<b>Medi-Cal Population</b>	<b>18-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65 or older</b>	<b>18-34</b>	<b>35-44</b>	<b>45-54</b>	<b>55-64</b>	<b>65 or older</b>
AAH	18.98% ↓	15.69% ↓	20.44%	30.66% ↑	14.23% ↑	41.03%	21.40%	15.84%	14.63%	7.09%
Anthem Blue Cross	16.78% ↓	13.25% ↓	19.65% ↑	27.59% ↑	22.74% ↑	42.06%	20.91%	15.01%	13.13%	8.89%
Blue Shield Promise	12.37% ↓	14.43% ↓	16.15%	29.21% ↑	27.84% ↑	41.32%	20.95%	14.83%	15.22%	7.67%
CalOptima	20.30% ↓	14.02% ↓	17.34%	32.10% ↑	16.24% ↑	41.74%	18.44%	16.38%	16.00%	7.45%
CalViva	23.45% ↓	17.80% ↓	18.36%	28.81% ↑	11.58% ↑	45.53%	21.89%	15.70%	12.65%	4.23%
CenCal	27.27% ↓	20.78%	16.56%	28.57% ↑	6.82% ↑	48.56%	21.70%	14.74%	12.48%	2.52%
CCAH	24.92% ↓	19.56%	22.08% ↑	26.50% ↑	6.94% ↑	46.69%	22.42%	16.00%	12.33%	2.57%

	Adult Respondents					Adult Sample Frame				
Medi-Cal Population	18-34	35-44	45-54	55-64	65 or older	18-34	35-44	45-54	55-64	65 or older
CHG	21.63% ↓	14.89% ↓	16.67%	31.21% ↑	15.60% ↑	43.23%	19.26%	15.43%	15.40%	6.68%
CHPIV	20.12% ↓	10.21% ↓	12.31%	27.93% ↑	29.43% ↑	43.43%	19.75%	13.81%	15.13%	7.88%
CCHP	22.49% ↓	12.80% ↓	18.34%	32.53% ↑	13.84% ↑	42.01%	22.28%	16.20%	13.71%	5.79%
FFS	42.04% ↓	14.97%	14.01%	21.34% ↑	7.64% ↑	60.30%	17.11%	11.12%	8.49%	2.98%
GCHP	24.51% ↓	13.52% ↓	15.49%	29.58% ↑	16.90% ↑	44.97%	20.07%	15.08%	13.55%	6.32%
Health Net	14.65% ↓	12.42% ↓	23.25% ↑	30.89% ↑	18.79% ↑	39.74%	20.87%	17.43%	15.19%	6.78%
HPSJ	16.62% ↓	16.10% ↓	17.40%	29.61% ↑	20.26% ↑	43.57%	21.01%	15.01%	13.43%	6.98%
HPSM	16.67% ↓	8.58% ↓	16.91%	23.28% ↑	34.56% ↑	38.50%	19.86%	15.50%	13.72%	12.42%
IEHP	17.99% ↓	12.17% ↓	17.20%	33.33% ↑	19.31% ↑	45.46%	20.16%	14.92%	14.03%	5.43%
Kaiser	17.49% ↓	10.76% ↓	10.76%	24.66% ↑	36.32% ↑	42.54%	17.71%	13.52%	12.90%	13.32%
KHS	26.44% ↓	13.22% ↓	18.64%	31.86% ↑	9.83% ↑	46.94%	20.82%	15.23%	13.36%	3.65%
L.A. Care	14.50% ↓	14.87% ↓	13.75%	33.83% ↑	23.05% ↑	39.93%	19.76%	16.76%	15.44%	8.11%
Molina	13.54% ↓	16.32%	15.63%	25.00% ↑	29.51% ↑	42.97%	20.44%	14.98%	13.98%	7.63%
Partnership	17.33% ↓	14.77% ↓	17.90%	37.50% ↑	12.50% ↑	41.80%	22.93%	16.20%	14.84%	4.23%
PSP Statewide	0.00% ↓	0.00% ↓	S	S	98.48% ↑	0.33%	0.59%	0.93%	1.83%	96.32%

	Adult Respondents					Adult Sample Frame				
Medi-Cal Population	18-34	35-44	45-54	55-64	65 or older	18-34	35-44	45-54	55-64	65 or older
SFHP	15.41% ↓	15.13% ↓	22.13% ↑	30.53% ↑	16.81% ↑	32.81%	20.20%	16.89%	17.94%	12.15%
SCFHP	16.85% ↓	10.04% ↓	16.49%	27.96% ↑	28.67% ↑	37.67%	18.22%	15.69%	15.71%	12.70%

Table 33—Adult Respondent Analysis: Gender

↑ 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.

Some percentages may not total 100% due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

	Adult Respondents		Adult Sample Frame	
Medi-Cal Population	Male	Female	Male	Female
AAH	41.61% ↓	58.39% ↑	47.66%	52.34%
Anthem Blue Cross	43.27%	56.73%	47.23%	52.77%
Blue Shield Promise	40.21% ↓	59.79% ↑	48.43%	51.57%
CalOptima	39.11% ↓	60.89% ↑	45.30%	54.70%
CalViva	36.44% ↓	63.56% ↑	43.26%	56.74%
CenCal	37.99% ↓	62.01% ↑	44.28%	55.72%
CCAH	38.17% ↓	61.83% ↑	44.06%	55.94%
CHG	34.40% ↓	65.60% ↑	44.04%	55.96%
CHPIV	37.84%	62.16%	41.13%	58.87%
CCHP	38.41% ↓	61.59% ↑	46.45%	53.55%
FFS	40.13% ↓	59.87% ↑	49.29%	50.71%
GCHP	40.85%	59.15%	44.49%	55.51%
Health Net	39.17% ↓	60.83% ↑	46.45%	53.55%

	Adult Respondents		Adult Sample Frame	
Medi-Cal Population	Male	Female	Male	Female
HPSJ	37.14% ↓	62.86% ↑	42.83%	57.17%
HPSM	39.95% ↓	60.05% ↑	46.78%	53.22%
IEHP	37.83% ↓	62.17% ↑	43.00%	57.00%
Kaiser	41.93%	58.07%	38.63%	61.37%
KHS	34.24% ↓	65.76% ↑	43.08%	56.92%
L.A. Care	43.87%	56.13%	46.01%	53.99%
Molina	42.36%	57.64%	47.76%	52.24%
Partnership	38.07% ↓	61.93% ↑	46.55%	53.45%
PSP Statewide	38.14%	61.86%	39.22%	60.78%
SFHP	48.18%	51.82%	50.32%	49.68%
SCFHP	41.58%	58.42%	45.40%	54.60%



Table 34—Adult Respondent Analysis: Race

↑ 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.

Some percentages may not total 100% due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

An "S" indicates fewer than 11 respondents exist in the numerator of this demographic category. HSAG suppressed displaying the number in this report to satisfy the DHCS DDG V2.2 de-identification standard.

Medi-Cal Population	Adult Respondents				Adult Sample Frame			
	White	Black	Asian	Other	White	Black	Asian	Other
AAH	10.18%	12.83%	29.65% ↑	47.35%	10.99%	14.55%	22.72%	51.75%
Anthem Blue Cross	28.61% ↑	6.22%	13.68%	51.49%	24.09%	6.74%	13.31%	55.85%
Blue Shield Promise	32.76%	S	S	50.86%	30.85%	7.03%	9.42%	52.70%
CalOptima	S	S	25.55%	55.07%	18.58%	1.79%	21.21%	58.43%
CalViva	26.28% ↑	S	S	63.46% ↓	16.81%	4.89%	8.83%	69.47%
CenCal	49.38%	S	S	44.81%	51.14%	1.31%	2.40%	45.14%
CCAH	33.78% ↑	S	S	59.46% ↓	26.67%	2.23%	3.98%	67.13%
CHG	22.17%	S	S	61.30%	21.07%	5.91%	10.15%	62.87%
CHPIV	32.82% ↓	S	S	65.34% ↑	40.82%	1.20%	0.60%	57.38%
CCHP	17.08%	8.75%	23.33% ↑	50.83% ↓	17.40%	12.05%	12.52%	58.03%
FFS	26.16%	5.73% ↓	10.39%	57.71% ↑	26.76%	14.27%	7.39%	51.58%

Appendix A: Respondent Analysis Results

	Adult Respondents				Adult Sample Frame			
Medi-Cal Population	White	Black	Asian	Other	White	Black	Asian	Other
GCHP	27.42%	S	S	66.56%	23.34%	1.64%	4.37%	70.64%
Health Net	19.67%	7.67%	15.00% ↑	57.67%	23.10%	9.28%	9.51%	58.11%
HPSJ	30.17%	5.03%	15.36%	49.44%	30.01%	6.99%	14.24%	48.77%
HPSM	S	S	32.39% ↑	45.63% ↓	14.31%	2.35%	18.44%	64.90%
IEHP	33.70%	6.13% ↓	5.57%	54.60%	30.13%	8.98%	5.33%	55.56%
Kaiser	27.71%	6.80% ↓	18.39% ↑	47.10%	25.26%	12.09%	13.61%	49.04%
KHS	30.22%	4.68%	5.76%	59.35%	33.94%	6.59%	4.47%	55.00%
L.A. Care	15.59% ↓	7.60%	17.87% ↑	58.94%	20.05%	10.79%	9.78%	59.38%
Molina	23.75%	8.33%	8.75%	59.17%	24.99%	8.80%	8.04%	58.17%
Partnership	47.44%	S	S	41.67%	47.78%	4.19%	6.85%	41.18%
PSP Statewide	23.20%	5.13%	13.76% ↑	57.91%	23.84%	4.87%	9.81%	61.48%
SFHP	11.62%	7.04%	42.61%	38.73%	11.50%	7.72%	39.20%	41.58%
SCFHP	12.25%	4.35%	40.71% ↑	42.69% ↓	10.89%	2.89%	28.53%	57.69%

Table 35—Adult Respondent Analysis: Ethnicity

↑ 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.

Some percentages may not total 100% due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

	Adult Respondents		Adult Sample Frame	
Medi-Cal Population	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
AAH	36.28%	63.72%	39.98%	60.02%
Anthem Blue Cross	43.53%	56.47%	47.26%	52.74%
Blue Shield Promise	40.95%	59.05%	45.61%	54.39%
CalOptima	48.46%	51.54%	52.40%	47.60%
CalViva	65.06%	34.94%	68.32%	31.68%
CenCal	40.66%	59.34%	44.40%	55.60%
CCAH	65.54% ↓	34.46% ↑	73.42%	26.58%
CHG	56.96%	43.04%	55.04%	44.96%
CHPIV	84.97%	15.03%	84.09%	15.91%
CCHP	43.75%	56.25%	49.41%	50.59%
FFS	55.56% ↑	44.44% ↓	48.86%	51.14%
GCHP	59.53% ↓	40.47% ↑	67.73%	32.27%
Health Net	60.33%	39.67%	58.73%	41.27%
HPSJ	51.68%	48.32%	52.91%	47.09%
HPSM	38.87% ↓	61.13% ↑	58.85%	41.15%
IEHP	58.22%	41.78%	60.11%	39.89%
Kaiser	40.30% ↓	59.70% ↑	45.44%	54.56%
KHS	64.75%	35.25%	60.82%	39.18%
L.A. Care	61.98%	38.02%	62.40%	37.60%
Molina	53.75%	46.25%	52.18%	47.82%

Medi-Cal Population	Adult Respondents		Adult Sample Frame	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Partnership	36.22%	63.78%	36.04%	63.96%
PSP Statewide	60.57%	39.43%	63.76%	36.24%
SFHP	25.70%	74.30%	30.49%	69.51%
SCFHP	36.76% ↓	63.24% ↑	50.81%	49.19%

Table 36—Child Respondent Analysis: Age

↑ 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.

Some percentages may not total 100% due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

An "S" indicates fewer than 11 respondents exist in the numerator of this demographic category. HSAG suppressed displaying the number in this report to satisfy the DHCS DDG V2.2 de-identification standard.

Medi-Cal Population	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	1.76%	13.58%	18.37% ↓	28.59%	37.70% ↑	1.72%	14.48%	22.10%	30.30%	31.40%
Anthem Blue Cross	2.69%	13.92%	15.42% ↓	25.75% ↓	42.22% ↑	1.72%	15.48%	22.70%	29.84%	30.26%
Blue Shield Promise	S	S	18.34% ↓	26.63%	37.94% ↑	1.86%	17.64%	23.55%	28.36%	28.60%
CalOptima	S	S	16.67% ↓	29.71%	42.27% ↑	1.92%	13.51%	20.78%	29.90%	33.90%
CalViva	S	S	20.39%	26.16% ↓	39.49% ↑	1.65%	15.14%	22.29%	30.34%	30.57%

	Child Respondents					Child Sample Frame				
Medi-Cal Population	Less than 1	1-3	4-7	8-12	13-17	Less than 1	1-3	4-7	8-12	13-17
CenCal	S	S	17.45% ↓	27.87%	37.02% ↑	2.73%	16.96%	22.14%	28.65%	29.52%
CCAH	2.55%	10.19% ↓	19.21%	31.94%	36.11% ↑	2.33%	15.42%	21.84%	29.56%	30.85%
CHG	S	S	15.40% ↓	28.63%	40.78% ↑	1.61%	14.52%	21.40%	30.66%	31.80%
CHPIV	S	S	15.13% ↓	29.89%	39.85% ↑	1.96%	15.53%	21.78%	29.96%	30.76%
CCHP	S	S	19.21%	32.51%	33.00%	1.66%	14.96%	22.07%	30.37%	30.94%
FFS	2.90% ↓	9.90%	19.57%	32.61%	35.02%	5.04%	12.31%	19.59%	30.11%	32.95%
GCHP	S	S	18.55%	29.42%	39.23% ↑	2.02%	14.51%	21.35%	29.71%	32.41%
Health Net	3.02% ↑	11.03% ↓	17.79%	26.51% ↓	41.64% ↑	1.50%	13.64%	20.73%	30.75%	33.38%
HPSJ	1.84%	14.14%	17.68% ↓	28.43%	37.91% ↑	1.75%	14.94%	22.63%	30.16%	30.52%
HPSM	S	S	18.28%	29.62%	39.29% ↑	2.21%	14.32%	21.19%	30.10%	32.17%
IEHP	S	S	17.81% ↓	29.59%	40.27% ↑	1.48%	14.19%	22.29%	30.67%	31.37%
Kaiser	S	S	18.14% ↓	28.43%	40.20% ↑	2.02%	16.02%	23.22%	29.33%	29.42%
KHS	S	S	19.44%	27.59%	35.58% ↑	1.70%	15.11%	22.14%	30.27%	30.78%
L.A. Care	2.51%	11.50%	18.73% ↓	26.40% ↓	40.86% ↑	1.61%	13.64%	21.74%	30.52%	32.49%
Molina	S	S	16.00% ↓	25.80% ↓	44.80% ↑	1.30%	13.12%	21.93%	31.27%	32.38%

	Child Respondents					Child Sample Frame				
Medi-Cal Population	Less than 1	1-3	4-7	8-12	13-17	Less than 1	1-3	4-7	8-12	13-17
Partnership	S	S	19.22%	24.03% ↓	39.36% ↑	2.10%	15.00%	22.26%	30.17%	30.47%
SFHP	S	S	19.52%	27.84%	37.86% ↑	1.45%	14.17%	22.28%	30.48%	31.62%
SCFHP	S	S	19.55%	29.14%	37.00% ↑	2.10%	14.06%	21.06%	29.80%	32.97%

Table 37—Child Respondent Analysis: Gender

- ↑ 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.

Some percentages may not total 100% due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

	Child Respondents		Child Sample Frame	
Medi-Cal Population	Male	Female	Male	Female
AAH	52.08%	47.92%	51.12%	48.88%
Anthem Blue Cross	57.19% ↑	42.81% ↓	51.13%	48.87%
Blue Shield Promise	51.01%	48.99%	51.70%	48.30%
CalOptima	50.97%	49.03%	51.49%	48.51%
CalViva	52.65%	47.35%	50.85%	49.15%
CenCal	51.49%	48.51%	51.06%	48.94%
CCAHC	50.23%	49.77%	50.90%	49.10%
CHG	54.01%	45.99%	51.33%	48.67%
CHPIV	51.66%	48.34%	51.32%	48.68%
CCHP	52.22%	47.78%	51.00%	49.00%
FFS	50.24%	49.76%	51.02%	48.98%

	Child Respondents		Child Sample Frame	
Medi-Cal Population	Male	Female	Male	Female
GCHP	54.37%	45.63%	51.03%	48.97%
Health Net	54.98%	45.02%	51.27%	48.73%
HPSJ	53.75%	46.25%	51.11%	48.89%
HPSM	56.30%	43.70%	51.86%	48.14%
IEHP	51.92%	48.08%	51.22%	48.78%
Kaiser	52.21%	47.79%	51.44%	48.56%
KHS	52.98%	47.02%	51.05%	48.95%
L.A. Care	52.95%	47.05%	51.30%	48.70%
Molina	50.80%	49.20%	51.51%	48.49%
Partnership	50.80%	49.20%	51.29%	48.71%
SFHP	51.78%	48.22%	51.83%	48.17%
SCFHP	52.71%	47.29%	51.62%	48.38%

Table 38—Child Respondent Analysis: Race

↑ 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.

Some percentages may not total 100% due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

An "S" indicates fewer than 11 respondents exist in the numerator of this demographic category. HSAG suppressed displaying the number in this report to satisfy the DHCS DDG V2.2 de-identification standard.

	Child Respondents				Child Sample Frame			
Medi-Cal Population	White	Black	Asian	Other	White	Black	Asian	Other
AAH	6.75%	6.57% ↓	24.57% ↑	62.11% ↓	5.39%	13.76%	14.56%	66.29%
Anthem Blue Cross	15.46% ↓	2.96% ↓	12.34% ↑	69.24% ↑	18.88%	7.26%	8.52%	65.34%
Blue Shield Promise	18.44%	5.63%	9.69% ↑	66.25%	21.80%	6.74%	5.75%	65.71%
CalOptima	S	S	20.00% ↑	71.11%	12.36%	1.69%	13.36%	72.59%
CalViva	10.07%	2.70% ↓	10.25%	76.98%	12.33%	5.25%	8.53%	73.88%
CenCal	55.06%	S	S	42.72%	54.00%	0.78%	1.02%	44.21%
CCAH	19.28%	S	S	76.86%	19.09%	1.84%	2.93%	76.14%
CHG	14.29%	2.96% ↓	8.37% ↑	74.38%	13.93%	5.41%	5.27%	75.39%
CHPIV	33.40%	S	S	65.63%	31.90%	0.83%	0.35%	66.91%
CCHP	9.83%	5.20% ↓	13.10% ↑	71.87%	10.74%	12.99%	7.76%	68.51%
FFS	27.91%	S	S	53.49%	24.81%	19.17%	3.18%	52.84%
GCHP	10.96%	S	S	83.68%	13.80%	1.27%	1.92%	83.01%



	Child Respondents				Child Sample Frame			
Medi-Cal Population	White	Black	Asian	Other	White	Black	Asian	Other
Health Net	14.81%	5.74% ↓	10.93% ↑	68.52%	16.33%	8.37%	6.89%	68.40%
HPSJ	21.73%	2.72% ↓	11.88%	63.67% ↑	23.95%	6.32%	10.31%	59.42%
HPSM	S	S	17.45% ↑	75.24% ↓	7.32%	1.65%	10.35%	80.68%
IEHP	23.59%	4.65% ↓	7.48% ↑	64.29%	23.89%	9.07%	3.89%	63.15%
Kaiser	19.25%	6.90% ↓	14.37% ↑	59.48%	20.50%	13.41%	8.74%	57.35%
KHS	24.82%	3.04% ↓	5.36% ↑	66.79%	26.23%	6.61%	2.66%	64.50%
L.A. Care	12.94%	3.54% ↓	12.02% ↑	71.49%	14.50%	9.14%	6.41%	69.95%
Molina	10.76% ↓	3.20% ↓	10.30% ↑	75.74% ↑	17.99%	8.39%	5.64%	67.99%
Partnership	32.28% ↓	S	S	58.27% ↑	39.17%	3.93%	5.39%	51.52%
SFHP	2.70%	2.70% ↓	40.66% ↑	53.95%	3.91%	7.85%	31.25%	56.99%
SCFHP	3.85%	2.20%	25.27% ↑	68.68% ↓	5.44%	2.30%	16.95%	75.32%

Table 39—Child Respondent Analysis: Ethnicity

↑ 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.

Some percentages may not total 100% due to rounding.

Comparisons are based on the 95 percent confidence interval of the respondent percentage.

	Child Respondents		Child Sample Frame	
Medi-Cal Population	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
AAH	53.98%	46.02%	52.72%	47.28%
Anthem Blue Cross	57.07%	42.93%	55.08%	44.92%
Blue Shield Promise	57.81%	42.19%	57.95%	42.05%
CalOptima	65.28%	34.72%	67.06%	32.94%
CalViva	75.90%	24.10%	73.20%	26.80%
CenCal	40.25%	59.75%	43.85%	56.15%
CCAH	83.55%	16.45%	82.98%	17.02%
CHG	66.26%	33.74%	66.97%	33.03%
CHPIV	89.51%	10.49%	89.25%	10.75%
CCHP	61.85% ↑	38.15% ↓	57.08%	42.92%
FFS	52.03%	47.97%	51.21%	48.79%
GCHP	77.16%	22.84%	77.26%	22.74%
Health Net	68.70%	31.30%	68.52%	31.48%
HPSJ	69.27% ↑	30.73% ↓	64.16%	35.84%
HPSM	65.80% ↓	34.20% ↑	71.78%	28.22%
IEHP	68.94%	31.06%	68.98%	31.02%
Kaiser	54.31%	45.69%	54.25%	45.75%
KHS	73.57% ↑	26.43% ↓	69.73%	30.27%
L.A. Care	72.57%	27.43%	73.30%	26.70%
Molina	67.05% ↑	32.95% ↓	60.18%	39.82%

	Child Respondents		Child Sample Frame	
Medi-Cal Population	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
Partnership	51.44%	48.56%	47.29%	52.71%
SFHP	44.12%	55.88%	45.85%	54.15%
SCFHP	63.37% ↓	36.63% ↑	68.64%	31.36%

HSAG identified statistically significant results for age, gender, race, and ethnicity for the adult population. Table 40 shows the number of MCPs within each reportable demographic category that had a statistically significantly higher or lower respondent percentage compared to the sample frame percentage.

**Table 40—Adult Respondent Analysis: Summary of Results for MCPs**

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

	Number of MCPs with a Reportable Demographic Category	
	Significantly Higher Respondent Percentage	Significantly Lower Respondent Percentage
<b>Age</b>		
18 to 34	0 (Out of 22)	22 (Out of 22)
35 to 44	0 (Out of 22)	19 (Out of 22)
45 to 54	4 (Out of 22)	0 (Out of 22)
55 to 64	22 (Out of 22)	0 (Out of 22)
65 or older	22 (Out of 22)	0 (Out of 22)
<b>Gender</b>		
Male	0 (Out of 22)	14 (Out of 22)
Female	14 (Out of 22)	0 (Out of 22)

	Number of MCPs with a Reportable Demographic Category	
	Significantly Higher Respondent Percentage	Significantly Lower Respondent Percentage
<b>Race</b>		
White	4 (Out of 22)	2 (Out of 22)
Black	0 (Out of 12)	2 (Out of 12)
Asian	8 (Out of 21)	0 (Out of 21)
Other	1 (Out of 22)	5 (Out of 22)
<b>Ethnicity</b>		
Hispanic	0 (Out of 22)	5 (Out of 22)
Non-Hispanic	5 (Out of 22)	0 (Out of 22)

HSAG identified statistically significant results for age, gender, race, and ethnicity for the child population. Table 41 shows the number of MCPs within each reportable demographic category that had a statistically significantly higher or lower respondent percentage compared to the sample frame percentage.

#### Table 41—Child Respondent Analysis: Summary of Results for MCPs

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

	Number of MCPs with a Reportable Demographic Category	
	Significantly Higher Respondent Percentage	Significantly Lower Respondent Percentage
<b>Age</b>		
Less than 1	1 (Out of 6)	0 (Out of 6)
1 to 3	0 (Out of 22)	8 (Out of 22)
4 to 7	0 (Out of 22)	12 (Out of 22)
8 to 12	0 (Out of 22)	6 (Out of 22)
13 to 17	21 (Out of 22)	0 (Out of 22)

	Number of MCPs with a Reportable Demographic Category	
	Significantly Higher Respondent Percentage	Significantly Lower Respondent Percentage
<b>Gender</b>		
Male	1 (Out of 22)	0 (Out of 22)
Female	0 (Out of 22)	1 (Out of 22)
<b>Race</b>		
White	0 (Out of 22)	4 (Out of 22)
Black	0 (Out of 15)	13 (Out of 15)
Asian	17 (Out of 20)	0 (Out of 20)
Other	4 (Out of 22)	3 (Out of 22)
<b>Ethnicity</b>		
Hispanic	4 (Out of 22)	2 (Out of 22)
Non-Hispanic	2 (Out of 22)	4 (Out of 22)

## APPENDIX B: SURVEY INSTRUMENTS



The survey instruments administered in 2025 were the CAHPS 5.1 Adult and 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.

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**



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 from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. 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?
- ☐ 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 in person, phone, or video appointments for a check-up or routine care?
- ☐ 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 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 get health care for yourself in person, by phone, or by video?

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

8. 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?

<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 Care					Health Care					
Possible					Possible					

9. 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

10. A personal doctor is the one you would talk to 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 19*

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

- ☐ None → Go to Question 18
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

12. 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

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

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

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

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

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

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

16. 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 18

17. 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

18. 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?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. 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 with a specialist?

☐ Yes  
☐ No → **Go to Question 23**

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

☐ Never  
☐ Sometimes  
☐ Usually  
☐ Always

21. How many specialists have you talked to in the last 6 months?

☐ None → **Go to Question 23**  
☐ 1 specialist  
☐ 2  
☐ 3  
☐ 4  
☐ 5 or more specialists

22. We want to know your rating of the specialist you 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?

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

## YOUR HEALTH PLAN

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

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

☐ Yes  
☐ No → **Go to Question 26**

24. 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

25. 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

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

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

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

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

28. 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?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 YOU

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

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

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

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

31. 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 35**
- ☐ Don't know → **Go to Question 35**

32. 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

33. 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

34. 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

**35. 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

**36. Are you male or female?**

- ☐ Male
- ☐ Female

**37. 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

**38. Are you of Hispanic or Latino origin or descent?**

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

**39. 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

**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 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 named in the letter that was sent with this survey. Please do not answer for any other children.

1. Our records show that your child is now in [HEALTH PLAN 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 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 10*  
☐ 1 time  
☐ 2  
☐ 3  
☐ 4  
☐ 5 to 9  
☐ 10 or more times

8. 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?

<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 Care					Health Care					
Possible					Possible					

9. 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

10. 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 22*

11. 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 21**
- ☐ 1 time
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more times

12. 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

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

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

14. 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

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

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

16. 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

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

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

18. 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

19. 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 21**

20. 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



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

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
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, 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.

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

☐ Yes  
☐ No → **Go to Question 26**

23. 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

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

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

25. We want to know your rating of the specialist 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.

26. 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 29**

27. 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

28. 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

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

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

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

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

31. 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"/> | <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

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

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

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

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

34. What is your child's age?

- ☐ Less than 1 year old
- YEARS OLD (write in)

35. Is your child male or female?

- ☐ Male
- ☐ Female

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

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

37. 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

38. 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

39. Are you male or female?

- ☐ Male
- ☐ Female

40. 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

41. 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**

42. 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 44**

43. 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

44. 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 46**

45. 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

46. 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**