

2017 Child Dental Satisfaction Survey Report

LIBERTY Dental Plan

October 2017



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1. Executive Summary

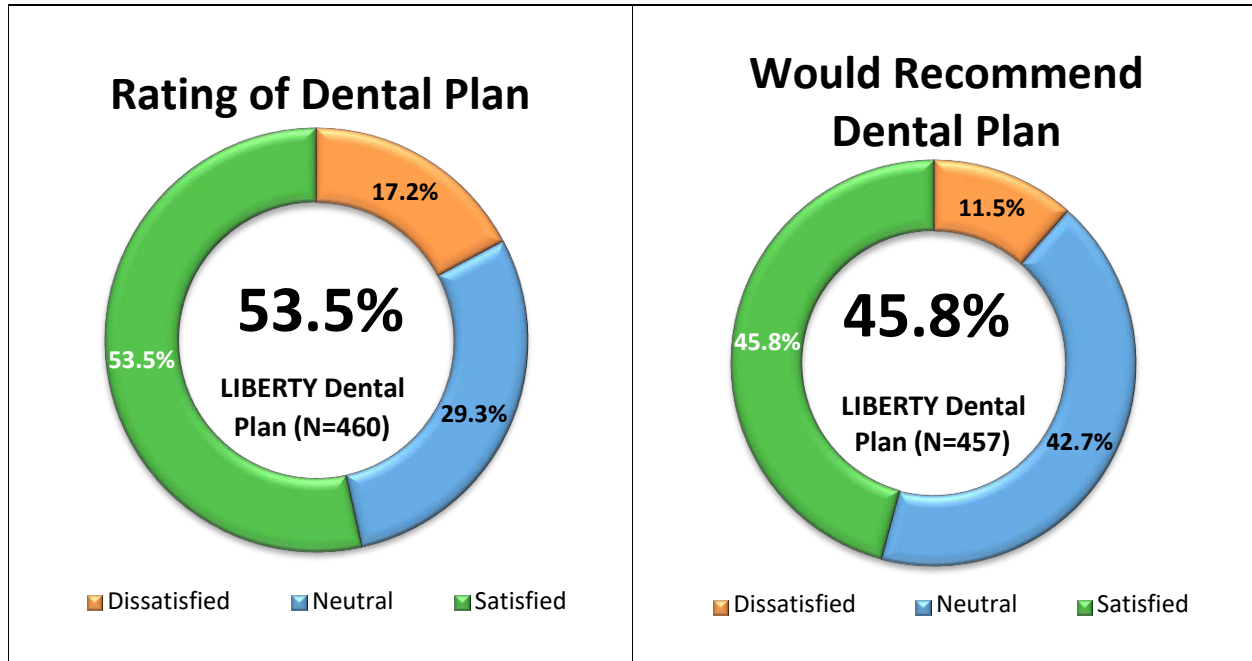
Introduction

LIBERTY Dental Plan contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Child Dental Satisfaction Survey as part of its process for evaluating the quality of dental services provided to child Medicaid members enrolled in its dental plan. The goal of the Child Dental Satisfaction Survey is to provide performance feedback that is actionable and will aid in improving overall member satisfaction. This report presents the 2017 survey results for LIBERTY Dental Plan at the plan aggregate and county levels.

Key Drivers of Satisfaction

HSAG performed a “key drivers” of satisfaction analysis focused on two measures: the survey respondents’ overall rating of the dental plan (i.e., Rating of Dental Plan) and whether or not the survey respondent would recommend the dental plan to someone else (i.e., Would Recommend Dental Plan). Figure 1-1 depicts the reported satisfaction levels with each of these measures.

Figure 1-1—Measures of Key Drivers of Satisfaction





The key drivers analysis was performed by determining if particular survey items (i.e., questions) strongly correlated with the Rating of Dental Plan and Would Recommend Dental Plan measures. These individual CAHPS items, which HSAG refers to as “key drivers,” are driving levels of satisfaction with each of the two measures. Table 1-1 provides a summary of the key drivers identified for LIBERTY Dental Plan.¹⁻¹ These are areas that LIBERTY Dental Plan can focus on to improve overall member satisfaction.

Table 1-1—Key Drivers of Satisfaction

Rating of Dental Plan
Respondents reported that their child’s regular dentist did not always spend enough time with them.
Respondents reported that they did not always receive dental appointments for their child as soon as they wanted.
Respondents reported that when they tried to obtain an appointment for their child with a dental specialist, they did not always get an appointment with a specialist dentist as soon as they wanted.
Respondents reported that their child’s dental plan information did not help them find a dentist for their child that they were happy with.
Respondents reported that their child’s dental plan’s customer service did not always give them the information or help they needed.
Would Recommend Dental Plan
Respondents reported that their child’s regular dentist did not always spend enough time with them.
Respondents reported that when they tried to obtain an appointment for their child with a dental specialist, they did not always get an appointment with a specialist dentist as soon as they wanted.
Respondents reported that their child’s dental plan’s toll-free number, Web site, or written materials did not always provide the information they wanted about their child’s dental plan.
Respondents reported that their child’s dental plan information did not help them find a dentist for their child that they were happy with.
Respondents reported that their child’s dental plan’s customer service did not always give them the information or help they needed.

Recommendations for Quality Improvement

Results of the Child Dental Satisfaction Survey can provide useful information for developing targeted quality improvement (QI) initiatives. Below are general QI recommendations based on the most up-to-date information in the literature. LIBERTY Dental Plan should evaluate these general recommendations in the context of its own operational and QI activities. More detailed recommendations can be found in the Recommendations section beginning on page 5-2.

- Perform root cause analyses to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies.
- Measure and monitor targeted interventions to support continuous quality improvement (CQI) data collection and analysis.

¹⁻¹ The key drivers of satisfaction are plan-level key drivers of satisfaction based on the survey results of the Los Angeles and Sacramento counties combined.

- Establish plan-level customer service performance measures to address potential areas of concern, such as the amount of time it takes to resolve a member’s inquiry about dental plan coverage.
- Examine past appointments in order to determine when to reserve time slots for walk-in patients and when to double book due to cancellations, which will assist with the flow of operations and minimize wait times.
- Test and apply innovative system models to improve access and wait times, including an open access scheduling model that allows patients to schedule same-day appointments to reduce delays in patient care, patient wait times, and the number of no-show appointments.

County Comparisons

In order to identify performance differences in member satisfaction between LIBERTY Dental Plan’s Los Angeles County and Sacramento County, the results for each county were compared to each other using standard statistical tests. These comparisons were performed on the four global ratings, three composite measures, and three individual item measures. The detailed results of the comparative analysis are described in the Results section beginning on page 4-5. Table 1-2 presents the statistically significant results from this comparison.¹⁻²

Table 1-2—County Comparisons

Los Angeles County	Sacramento County
↑ Access to Dental Care	↓ Access to Dental Care
↑ Statistically significantly higher than the comparative county.	
↓ Statistically significantly lower than the comparative county.	

¹⁻² Caution should be exercised when evaluating county comparisons, given that population, county, and dental plan differences may impact results.

Trend Analysis

In order to evaluate trends in member satisfaction, HSAG compared the 2017 scores to the corresponding 2016 scores. This trend analysis was performed on the four global ratings, three composite measures, and three individual item measures. The detailed results of the trend analysis are described in the Results section beginning on page 4-11. Table 1-3 presents the statistically significant results from this analysis.

Table 1-3—Trend Analysis

Aggregate	Sacramento County
▲ Rating of All Dental Care	▲ Rating of All Dental Care
▲ Rating of Regular Dentist	▲ Rating of Regular Dentist
▲ Dental Plan Services	▲ Dental Plan Services
▲ <i>The 2017 score is statistically significantly higher than the 2016 score.</i>	
▼ <i>The 2017 score is statistically significantly lower than the 2016 score.</i>	

2. Overview

Child Dental Satisfaction Survey

The survey instrument selected was a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Dental Plan Survey.²⁻¹ The CAHPS Dental Plan Survey, currently available for the adult population only, was modified by HSAG for administration to a child Medicaid population to create a Child Dental Satisfaction Survey. Samples of 1,650 eligible LIBERTY Dental Plan child Medicaid members in two counties, Los Angeles and Sacramento, were selected for the survey. The parents and caretakers of child Medicaid members enrolled in LIBERTY Dental Plan completed the surveys from May to August 2017.

The modified version of the CAHPS Dental Plan Survey (i.e., Child Dental Satisfaction Survey) yields 10 measures of satisfaction, including four global ratings, three composite measures, and three individual item measures:

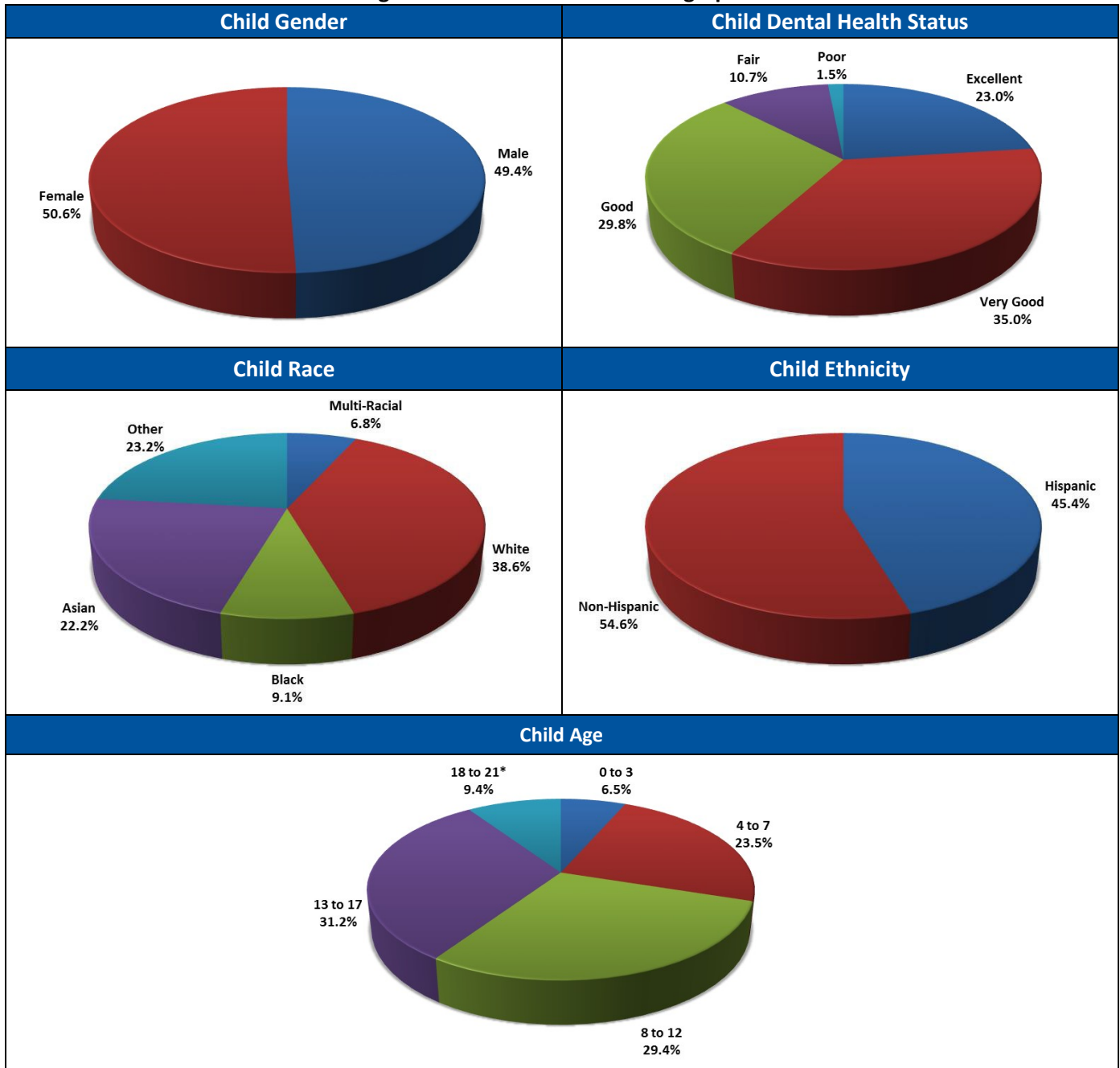
- Rating of All Dental Care
- Rating of Dental Plan
- Rating of Finding a Dentist
- Rating of Regular Dentist
- Access to Dental Care
- Care from Dentists and Staff
- Dental Plan Services
- Care from Regular Dentist
- Would Recommend Regular Dentist
- Would Recommend Dental Plan

²⁻¹ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Survey Demographics

Figure 2-1 provides an overview of the LIBERTY Dental Plan child member demographics.

Figure 2-1—Child Member Demographics

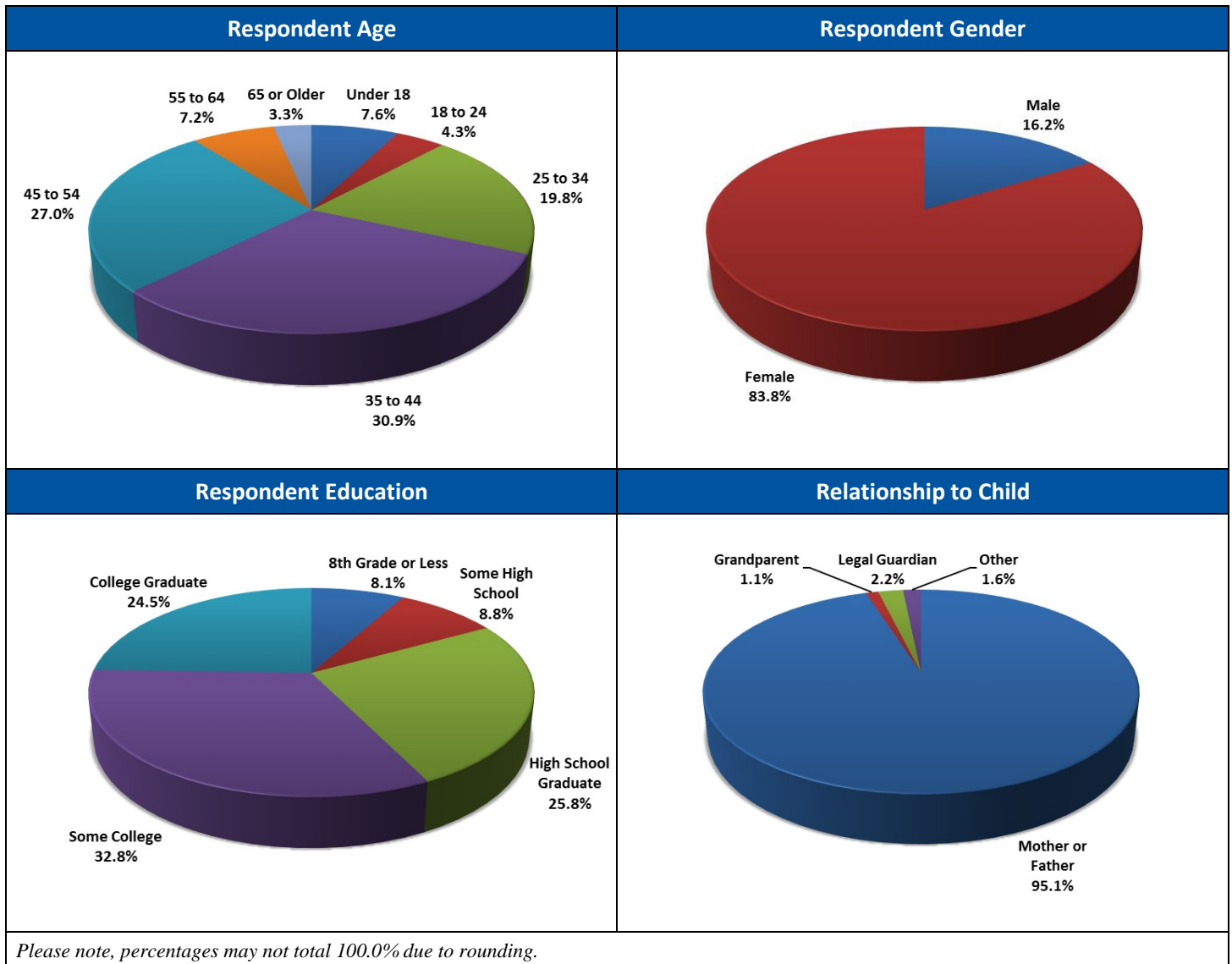


Please note, percentages may not total 100.0% due to rounding.

* Children are eligible for inclusion in the Child Dental Satisfaction Survey results if they were 20 years of age or younger as of March 31, 2017. Some children eligible for the survey turned age 21 between April 1, 2017, and the time of survey administration.

Figure 2-2 provides an overview of the demographics of parents or caretakers who completed a Child Dental Satisfaction Survey on behalf of their child member.

Figure 2-2—Respondent Demographics



3. Reader's Guide

Dental Plan Performance Measures

The Child Dental Satisfaction Survey yielded 10 measures of satisfaction. These measures include four global rating measures, three composite measures, and three individual item measures. The global rating measures reflect overall satisfaction with regular dentists, dental care, ease of finding a dentist, and the dental plan. The composite measures are sets of questions grouped together to assess different aspects of dental care (e.g., “Care from Dentists and Staff” and “Access to Dental Care”). The individual item measures are individual questions that look at a specific area of care (e.g., “Care from Regular Dentist”).

Table 3-1 lists the global ratings, composite measures, and individual item measures included in the Child Dental Satisfaction Survey.

Table 3-1—Child Dental Satisfaction Survey Measures

Global Ratings	Composite Measures	Individual Item Measures
Rating of Regular Dentist	Care from Dentists and Staff	Care from Regular Dentist
Rating of All Dental Care	Access to Dental Care	Would Recommend Regular Dentist
Rating of Finding a Dentist	Dental Plan Services	Would Recommend Dental Plan
Rating of Dental Plan		

Table 3-2 through Table 3-4 present the survey language and response options for the global ratings, composite measures, and individual item measures, respectively.

Table 3-2—Global Ratings Question Language

Global Ratings	Response Categories
Rating of Regular Dentist	
13. Using any number from 0 to 10, where 0 is the worst <u>regular dentist</u> possible and 10 is the best <u>regular dentist</u> possible, what number would you use to rate your child's regular dentist?	0-10 Scale
Rating of All Dental Care	
22. Using any number from 0 to 10, where 0 is the worst <u>dental care</u> possible and 10 is the best <u>dental care</u> possible, what number would you use to rate all of the dental care your child received in the last 12 months?	0-10 Scale
Rating of Finding a Dentist	
30. Using any number from 0 to 10, where 0 is <u>extremely difficult</u> and 10 is <u>extremely easy</u> , what number would you use to rate how easy it was for you to find a dentist for your child?	0-10 Scale
Rating of Dental Plan	
34. Using any number from 0 to 10, where 0 is the worst <u>dental plan</u> possible and 10 is the best <u>dental plan</u> possible, what number would you use to rate your child's dental plan?	0-10 Scale

Table 3-3—Composite Measures Question Language

Composite Measures	Response Categories
Care from Dentists and Staff	
6. In the last 12 months, how often did your child's regular dentist explain things about your child's dental health in a way that was easy to understand?	Never, Sometimes, Usually, Always
7. In the last 12 months, how often did your child's regular dentist listen carefully to you?	Never, Sometimes, Usually, Always
8. In the last 12 months, how often did your child's regular dentist treat you with courtesy and respect?	Never, Sometimes, Usually, Always
10. In the last 12 months, how often did your child's regular dentist explain things in a way that was easy for <u>your child</u> to understand?	Never, Sometimes, Usually, Always
11. In the last 12 months, how often did your child's regular dentist spend enough time with your child?	Never, Sometimes, Usually, Always

Composite Measures	Response Categories
15. In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work?	Never, Sometimes, Usually, Always
16. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating your child?	Never, Sometimes, Usually, Always
Access to Dental Care	
17. In the last 12 months, how often were dental appointments for your child as soon as you wanted?	Never, Sometimes, Usually, Always
18. If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No ³⁻¹
19. If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted?	Never, Sometimes, Usually, Always ³⁻²
20. In the last 12 months, when your child went to an office or clinic to receive dental care, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment?	Never, Sometimes, Usually, Always
21. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?	Never, Sometimes, Usually, Always
Dental Plan Services	
23. In the last 12 months, how often did your child's dental plan cover all of the services you thought were covered?	Never, Sometimes, Usually, Always
24. In the last 12 months, did your child's dental plan meet all of his or her dental care needs?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No
25. In the last 12 months, did your child's dental plan cover what your child needed to get done?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No

³⁻¹ “My child did not have a dental emergency in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).

³⁻² “I did not try to get an appointment with a specialist dentist for my child in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).

Composite Measures	Response Categories
27. In the last 12 months, how often did the toll-free number, website, or written materials provide the information you wanted about your child's dental plan?	Never, Sometimes, Usually, Always
29. Did this information help you find a dentist for your child that you were happy with?	Definitely Yes, Somewhat Yes, Somewhat No, Definitely No
32. In the last 12 months, how often did customer service at your child's dental plan give you the information or help you needed?	Never, Sometimes, Usually, Always
33. In the last 12 months, how often did customer service staff at your child's dental plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always

Table 3-4—Individual Item Measures Question Language

Individual Item Measures	Response Categories
Care from Regular Dentist	
12. In the last 12 months, how often were you satisfied with the overall care provided to your child by his or her regular dentist?	Never, Sometimes, Usually, Always
Would Recommend Regular Dentist	
14. Would you recommend your child's regular dentist to parents who are looking for a new dentist for their child?	Definitely Yes, Probably Yes, Probably No, Definitely No
Would Recommend Dental Plan	
35. Would you recommend your child's dental plan to other parents or people who want to join?	Definitely Yes, Probably Yes, Probably No, Definitely No

How Child Dental Satisfaction Survey Results Were Collected

Sampling Procedures

HSAG was provided a list of all eligible child Medicaid members enrolled in LIBERTY Dental Plan in Los Angeles and Sacramento counties for the sampling frame. A simple random sample of 1,650 child Medicaid members from each county, Los Angeles and Sacramento counties, was selected for inclusion in the survey for a total of 3,300 child members. HSAG sampled child Medicaid members who met the following criteria:

- Must be 20 years or younger and eligible for the California Medicaid dental care program as of March 31, 2017.
- Must have a paid or denied dental claim during the last 12 months of the measurement year (April 1, 2016 to March 31, 2017).

No more than one member per household was selected as part of the random survey samples.

Survey Protocol

All sampled members were mailed a copy of the Child Dental Satisfaction Survey. HSAG tried to obtain updated addresses by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. All parents/caretakers of sampled child Medicaid members received an English and Spanish version of the survey. All non-respondents received a second survey, followed by a third survey mailing.

Table 3-5 shows the timeline used in the administration of the Child Dental Satisfaction Survey.

Table 3-5—Child Dental Satisfaction Survey Timeline

Task	Timeline
Send first questionnaire with cover letter to the parent/caretaker of the child member.	0 days
Send a second questionnaire (and letter) to non-respondents 20 days after mailing the first questionnaire.	20 days
Send a third questionnaire (and letter) to non-respondents 26 days after mailing the second questionnaire.	46 days
Close the survey field 71 days after mailing the first questionnaire.	71 days

How Child Dental Satisfaction Survey Results Were Calculated

HSAG developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ), the developers of CAHPS, to comprehensively assess member satisfaction. HSAG combined results from Los Angeles and Sacramento counties to calculate the LIBERTY Dental Plan aggregate scores. This section provides an overview of the analyses performed.

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible child Medicaid members of the sample. HSAG considered a survey completed if at least one question was answered. Eligible child Medicaid members included the entire random sample minus ineligible child Medicaid members. Ineligible child Medicaid members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), had a language barrier, or were unreachable due to bad address information.

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

Child Member and Respondent Demographics

The demographics analysis evaluated demographic information of child Medicaid members and respondents based on parents'/caretakers' responses to the surveys. The demographic characteristics of children included age, gender, race, ethnicity, and dental health status. Self-reported respondent demographic information included age, gender, level of education, and relationship to the child. Caution should be exercised when extrapolating the Child Dental Satisfaction Survey results to the entire population if the respondent population differs significantly from the actual population of the plan.

Rates and Proportions

HSAG calculated question summary rates for each global rating and individual item measure, and global proportions for each composite measure. The scoring of the global ratings, composite measures, and individual item measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A "top-box" response was defined as follows:

- "9" or "10" for the global ratings.
- "Always" or "Definitely Yes" for the composite measures and individual item measures.

For each CAHPS measure, responses were also classified into categories, and the proportion (or percentage) of respondents that fell into each response category was calculated. The following provides a description of the classification of responses for each measure.

For the global ratings, responses were classified into three categories:

- Satisfied—9 to 10
- Neutral—7 to 8
- Dissatisfied—0 to 6

For the composite measures, responses were classified into three categories:

- Satisfied—Always or Definitely Yes
- Neutral—Usually or Somewhat Yes
- Dissatisfied—Never/Sometimes or Definitely No/Somewhat No

The exception to this was Question 20 in the Access to Dental Care composite measure, where the response option scale was reversed so a response of “Never” was considered a top-box response and classified as Satisfied.

For the individual item measures, responses were classified into three categories:

- Satisfied—Always or Definitely Yes
- Neutral—Usually or Probably Yes
- Dissatisfied—Never/Sometimes or Definitely No/Probably No

County Comparisons

HSAG performed a comparative analysis of the Los Angeles and Sacramento counties' rates to identify performance differences in member satisfaction between the two counties. A *t* test was performed to determine whether there were statistically significant differences in rates between the two counties. This comparative analysis was performed for each of the global ratings, composite measures, and individual item measures. Statistically significant differences were noted with arrows. If the county performed statistically significantly higher than the comparative county, this was denoted with an upward (↑) arrow. Conversely, if the county performed statistically significantly lower than the comparative county, this was denoted with a downward (↓) arrow.

Trend Analysis

A trend analysis was performed for the Los Angeles and Sacramento counties' rates to compare their 2017 scores to their corresponding 2016 scores to determine whether there were significant differences. A *t* test was performed to determine whether results in 2017 were statistically significantly different

from results in 2016. Scores that were statistically significantly higher in 2017 than in 2016 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2017 than in 2016 are noted with black downward (▼) triangles. Scores in 2017 that were not statistically significantly different from scores in 2016 are not noted with triangles.

Weighting

For purposes of the county comparisons and trend analysis, HSAG calculated a weighted score for LIBERTY Dental Plan's aggregate. The CAHPS scores for LIBERTY Dental Plan's aggregate were weighted based on the total eligible child population for Los Angeles County and Sacramento County.

Key Drivers of Satisfaction Analysis

HSAG performed an analysis of key drivers of satisfaction for the Rating of Dental Plan and Would Recommend Dental Plan measures. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from QI activities. The analysis provides information on: 1) how *well* LIBERTY Dental Plan is performing on the survey item, and 2) how *important* that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a "1," and a positive experience with care (i.e., non-negative) was assigned a "0." The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

For each item evaluated, the relationship between the item's problem score and performance on each of the two measures was calculated using a Pearson product moment correlation. Items were then prioritized based on their overall problem score and their correlation to each measure. The correlation could range from -1 to 1, with negative values indicating a negative relationship between overall satisfaction and a particular survey item. However, the correlation analysis conducted was not focused on the direction of the correlation, but rather on the degree of the correlation. Therefore, the absolute value of *r* was used in the analysis, and the range for *r* was 0 to 1. An *r* of zero indicated no relationship between the response to a question and satisfaction. As *r* increased, the importance of the question to the respondent's satisfaction increased.

A problem score at or above the median problem score was considered to be "high." A correlation at or above the median correlation was considered to be "high." Key drivers of satisfaction were defined as those items that:

- Had a problem score that was greater than or equal to the plan's median problem score for all items examined.
- Had a correlation that was greater than or equal to the plan's median correlation for all items examined.

Limitations and Cautions

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

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their dental care services. Therefore, LIBERTY Dental Plan should consider the potential for non-response bias when interpreting the Child Dental Satisfaction Survey results.

Causal Inferences

Although this report examines whether respondents report differences in satisfaction with various aspects of their child's dental care experiences, these differences may not be completely attributable to LIBERTY Dental Plan. The survey by itself does not necessarily reveal the exact cause of these differences.

Lack of National Data for Comparisons

Currently AHRQ does not collect survey results from the CAHPS Dental Plan Survey; therefore, national benchmark data were not available for comparisons.

Survey Instrument

The Child Dental Satisfaction Survey is a modified version of AHRQ's CAHPS Dental Plan Survey. The CAHPS Dental Plan Survey, currently available for the adult population only, was customized for administration to a child Medicaid population.

Who Responded to the Survey

A total of 3,300 surveys were mailed to parents or caretakers of child Medicaid members enrolled in LIBERTY Dental Plan. A total of 279 and 194 surveys were completed from Los Angeles County and Sacramento County, respectively. The Child Dental Satisfaction Survey response rate was defined as the total number of completed surveys divided by all eligible child Medicaid members of the sample.

Table 4-1 shows the total number of child members sampled, the number of surveys completed, the number of ineligible child members, and the response rates for the LIBERTY Dental Plan aggregate (i.e., Los Angeles and Sacramento counties combined), and Los Angeles and Sacramento counties separately.

Table 4-1—Total Number of Respondents and Response Rates

Plan Name	Sample Size	Completes	Ineligibles	Response Rate
Aggregate	3,300	473	118	14.86%
Los Angeles County	1,650	279	45	17.38%
Sacramento County	1,650	194	73	12.30%

Child and Respondent Demographics

Table 4-2 depicts the demographic characteristics of children for whom a parent or caretaker completed a Child Dental Satisfaction Survey for the LIBERTY Dental Plan aggregate, as well as Los Angeles and Sacramento counties.

Table 4-2—Child Demographics

	Aggregate	Los Angeles County	Sacramento County
Age			
0 to 3	6.5%	7.4%	5.3%
4 to 7	23.5%	20.3%	28.2%
8 to 12	29.4%	31.0%	27.1%
13 to 17	31.2%	31.0%	31.4%
18 to 21*	9.4%	10.3%	8.0%
Gender			
Male	49.4%	49.1%	50.0%
Female	50.6%	50.9%	50.0%
Race			
Multi-Racial	6.8%	4.0%	10.6%
White	38.6%	38.5%	38.9%
Black	9.1%	9.3%	8.9%
Asian	22.2%	23.9%	20.0%
Other	23.2%	24.3%	21.7%
Ethnicity			
Hispanic	45.4%	52.0%	36.0%
Non-Hispanic	54.6%	48.0%	64.0%
Dental Health Status			
Excellent	23.0%	25.9%	18.8%
Very Good	35.0%	38.0%	30.6%
Good	29.8%	27.0%	33.9%
Fair	10.7%	8.0%	14.5%
Poor	1.5%	1.1%	2.2%
<p><i>Please note: Percentages may not total 100% due to rounding.</i></p> <p><i>*Children are eligible for inclusion in the Child Dental Satisfaction Survey results if they are 20 or younger as of March 31, 2017. Some children eligible for the survey turned age 21 between April 1, 2017, and the time of survey administration.</i></p>			

Table 4-3 depicts the age, gender, education, and relationship to child of parents or caretakers who completed the Child Dental Satisfaction Survey for the LIBERTY Dental Plan aggregate, and Los Angeles and Sacramento counties.

Table 4-3—Respondent Demographics

	Aggregate	Los Angeles County	Sacramento County
Age			
Under 18	7.6%	6.6%	9.0%
18 to 24	4.3%	3.7%	5.3%
25 to 34	19.8%	14.3%	27.7%
35 to 44	30.9%	31.6%	29.8%
45 to 54	27.0%	32.0%	19.7%
55 to 64	7.2%	8.5%	5.3%
65 or Older	3.3%	3.3%	3.2%
Gender			
Male	16.2%	14.2%	19.0%
Female	83.8%	85.8%	81.0%
Education			
8th Grade or Less	8.1%	7.5%	8.9%
Some High School	8.8%	6.0%	12.8%
High School Graduate	25.8%	24.5%	27.8%
Some College	32.8%	31.3%	35.0%
College Graduate	24.5%	30.6%	15.6%
Relationship			
Mother or Father	95.1%	96.6%	93.0%
Grandparent	1.1%	1.1%	1.1%
Legal Guardian	2.2%	1.9%	2.7%
Other	1.6%	0.4%	3.2%
<i>Please note: Percentages may not total 100% due to rounding.</i>			

Rates and Proportions

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual item measure. The scoring of the global ratings, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

- “9” or “10” for the global ratings.
- “Always” or “Definitely Yes” for the composite measures and individual item measures.

After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For each measure, responses were also classified into categories, and the proportion (or percentage) of respondents that fell into each response category was calculated. Scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. For additional information, please refer to the Rates and Proportions section in the Reader’s Guide starting on page 3-6.

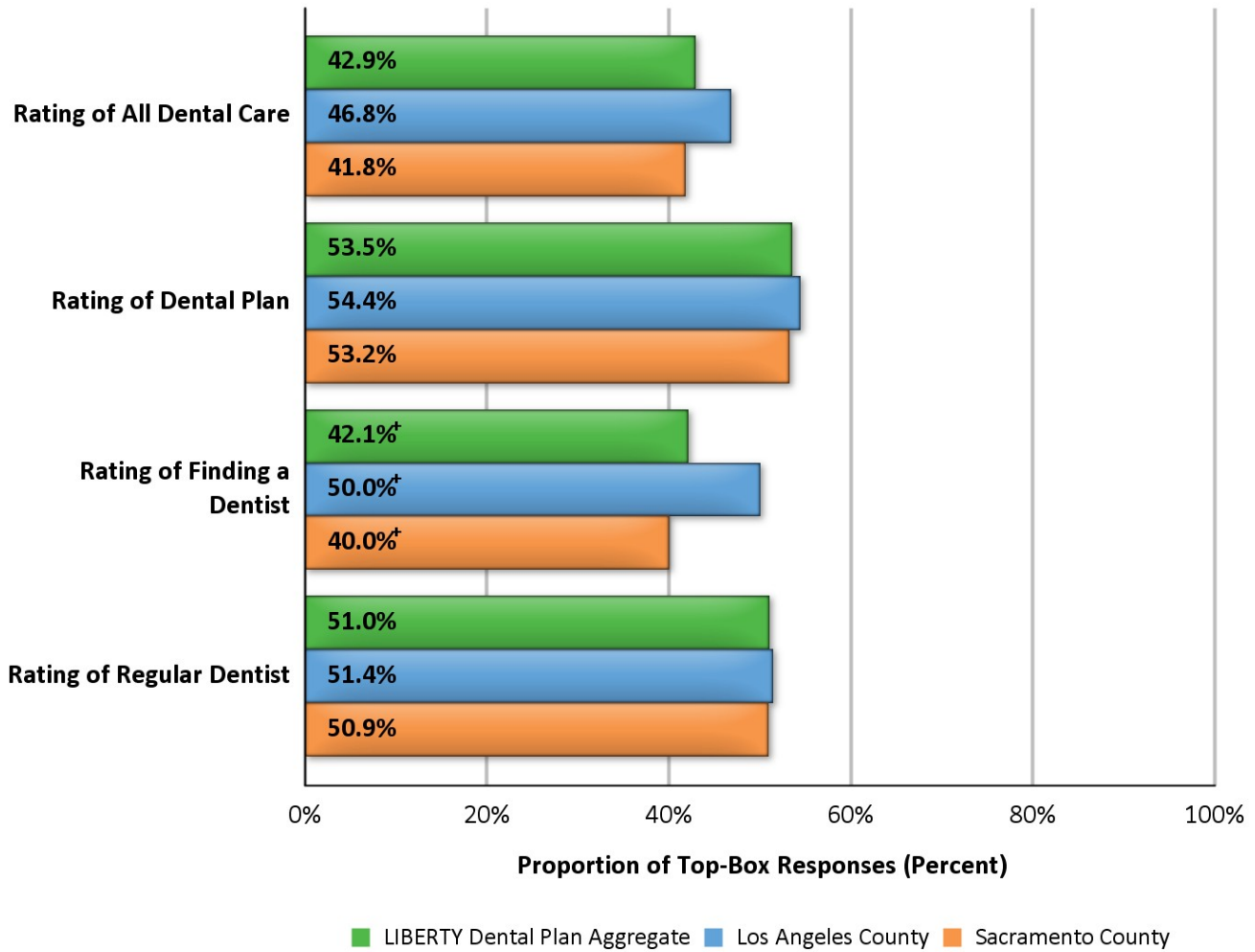
County Comparisons

In order to identify performance differences in member satisfaction between the two counties, the counties’ top-box rates for each measure were compared to one another using standard tests for statistical significance. Statistically significant differences are noted in the figures by arrows. If the county performed statistically significantly higher than the comparative county, this is denoted with an upward (↑) arrow. Conversely, if the county performed statistically significantly lower than the comparative county, this is denoted with a downward (↓) arrow. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

Global Ratings

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care on a scale of 0 to 10, with “0” being the worst and “10” being the best. Figure 4-1 shows the top-box rates for each of the global ratings for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-1—Global Ratings: Top-Box Rates

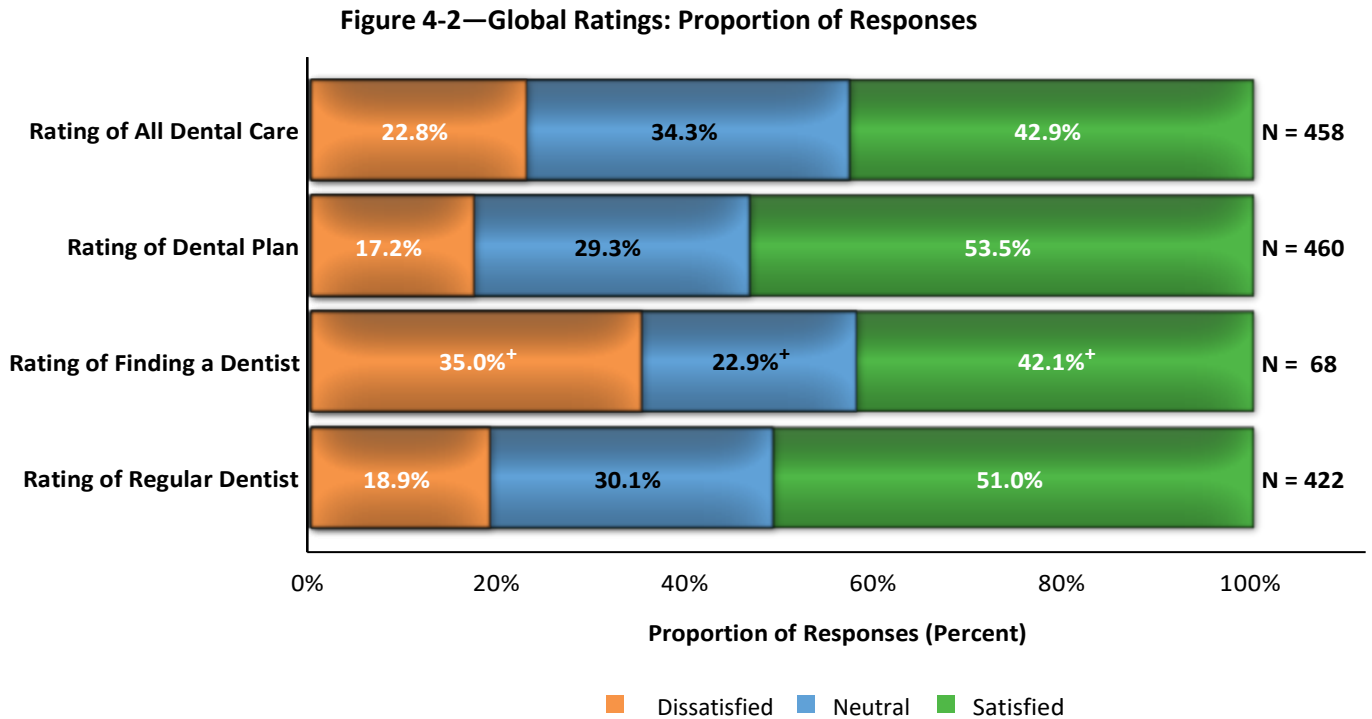


Note: + indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

For each global rating question, responses were classified into one of three response categories:

- Responses of 0 to 6 were classified as **Dissatisfied**.
- Responses of 7 to 8 were classified as **Neutral**.
- Responses of 9 to 10 were classified as **Satisfied**.

Figure 4-2 shows the proportion of respondents for each response category for LIBERTY Dental Plan’s aggregate scores.

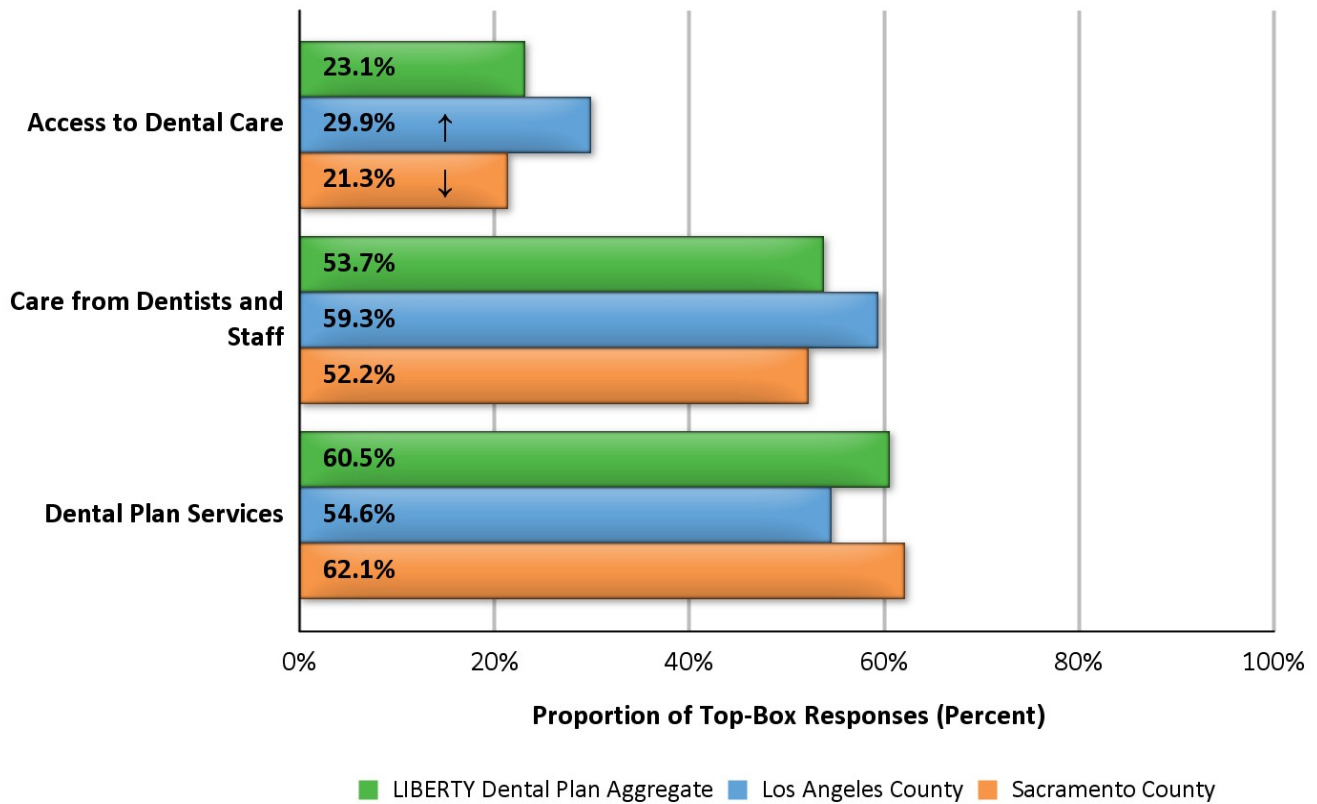


Note: + indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite Measures

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care, and responses to these questions were combined to calculate composite measures. A top-box response of “Never” was used for Question 20 of the Access to Dental Care composite measure. Figure 4-3 shows top-box rates for the composite measures for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-3—Composite Measures: Top-Box Rates



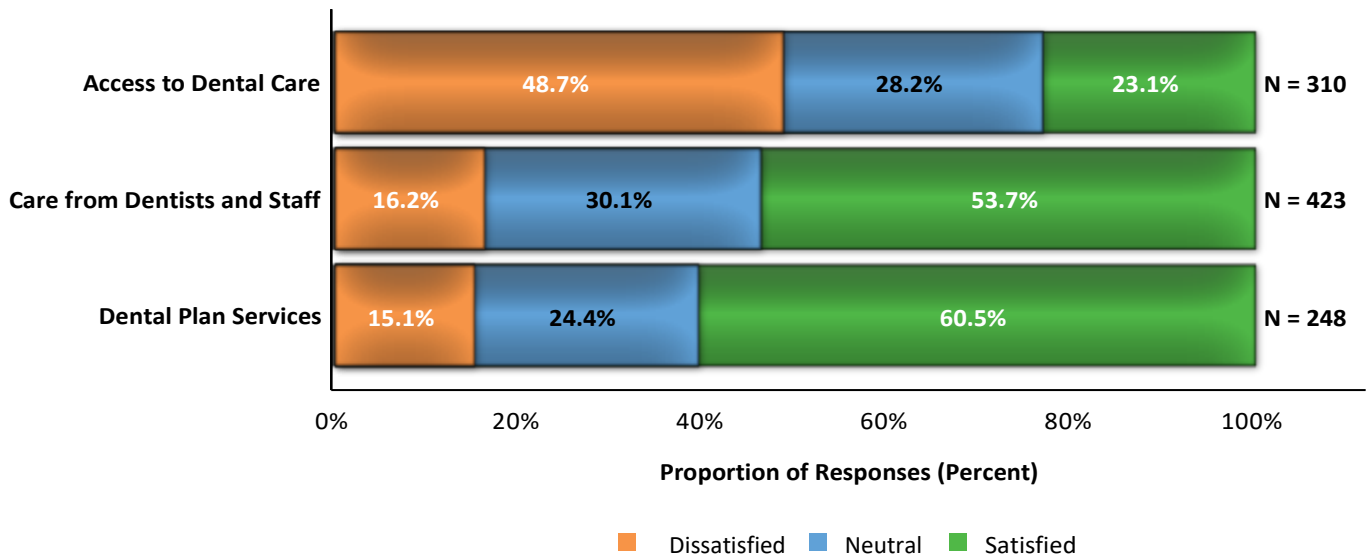
Statistical Significance Note: ↑ indicates the county’s score is statistically significantly higher than the comparative county.
↓ indicates the county’s score is statistically significantly lower than the comparative county.

For each composite measure question, responses were classified into one of three response categories:

- Responses of “Never/Sometimes” or “Definitely No/Somewhat No” were classified as **Dissatisfied**.
- Responses of “Usually” or “Somewhat Yes” were classified as **Neutral**.
- Responses of “Always” or “Definitely Yes” were classified as **Satisfied**, with one exception. A response of “Never” was classified as **Satisfied** for Question 20 of the Access to Dental Care composite measure.

Figure 4-4 shows the proportion of respondents for each response category for LIBERTY Dental Plan’s aggregate scores.

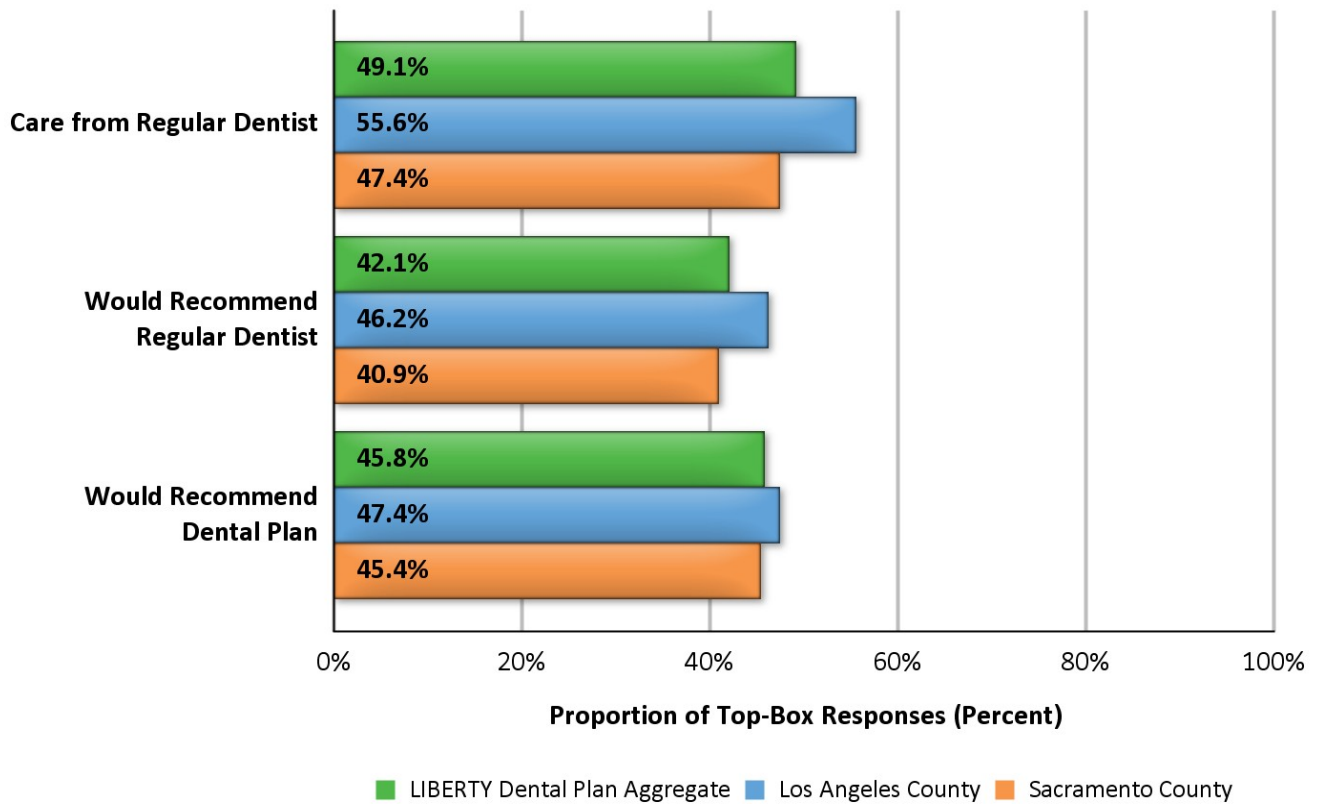
Figure 4-4—Composite Measures: Proportion of Responses



Individual Item Measures

Parents or caretakers of child Medicaid members were asked three questions to assess their satisfaction with the overall dental care provided by their child’s regular dentist, and whether they would recommend their child’s regular dentist or their child’s dental plan to other parents or people. Figure 4-5 shows top-box rates for the individual item measures for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-5—Individual Item Measures: Top-Box Rates

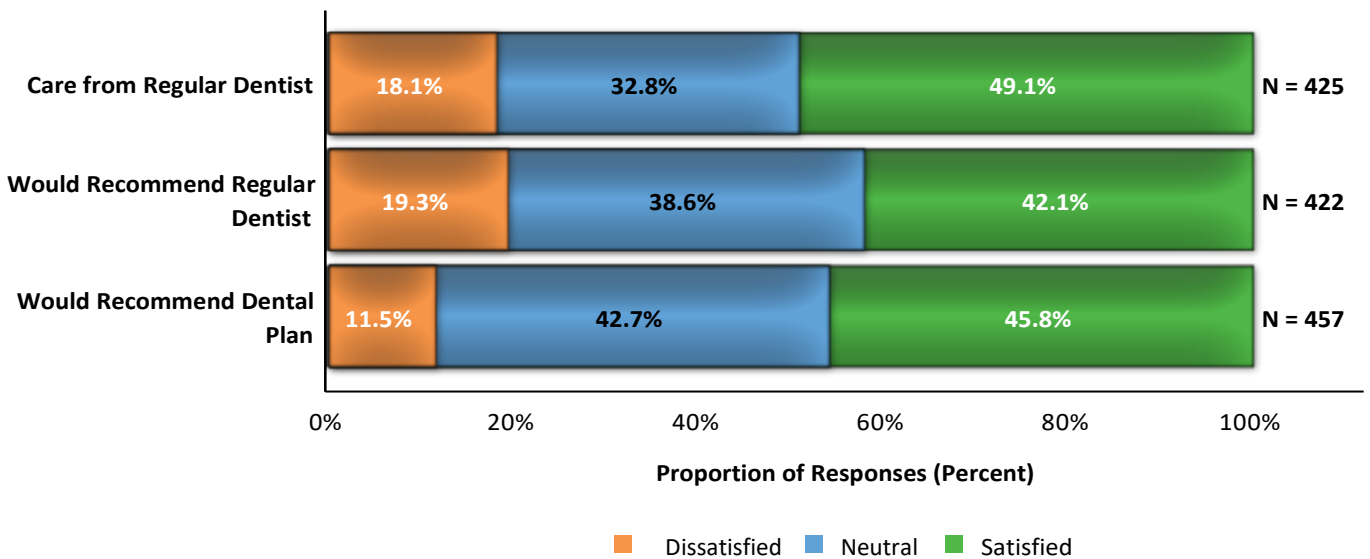


For each individual item measure question, responses were classified into one of three response categories:

- Responses of “Never/Sometimes” or “Definitely No/Probably No” were classified as **Dissatisfied**.
- Responses of “Usually” or “Probably Yes” were classified as **Neutral**.
- Responses of “Always” or “Definitely Yes” were classified as **Satisfied**.

Figure 4-6 shows the proportion of respondents for each response category for LIBERTY Dental Plan’s aggregate scores.

Figure 4-6—Individual Item Measures: Proportion of Responses



Summary of Comparative Analysis Results

A comparison of Los Angeles County’s and Sacramento County’s top-box rates revealed the following statistically significant result:

- Los Angeles County performed statistically significantly higher than Sacramento County on one measure, Access to Dental Care.

Trend Analysis

In order to evaluate trends in member satisfaction, HSAG compared the 2017 scores to the corresponding 2016 scores. Statistically significant differences are noted with directional triangles. Scores that were statistically significantly higher in 2017 than in 2016 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2017 than in 2016 are noted with black downward (▼) triangles. Scores in 2017 that were not statistically significantly different from scores in 2016 are not noted with triangles. Scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

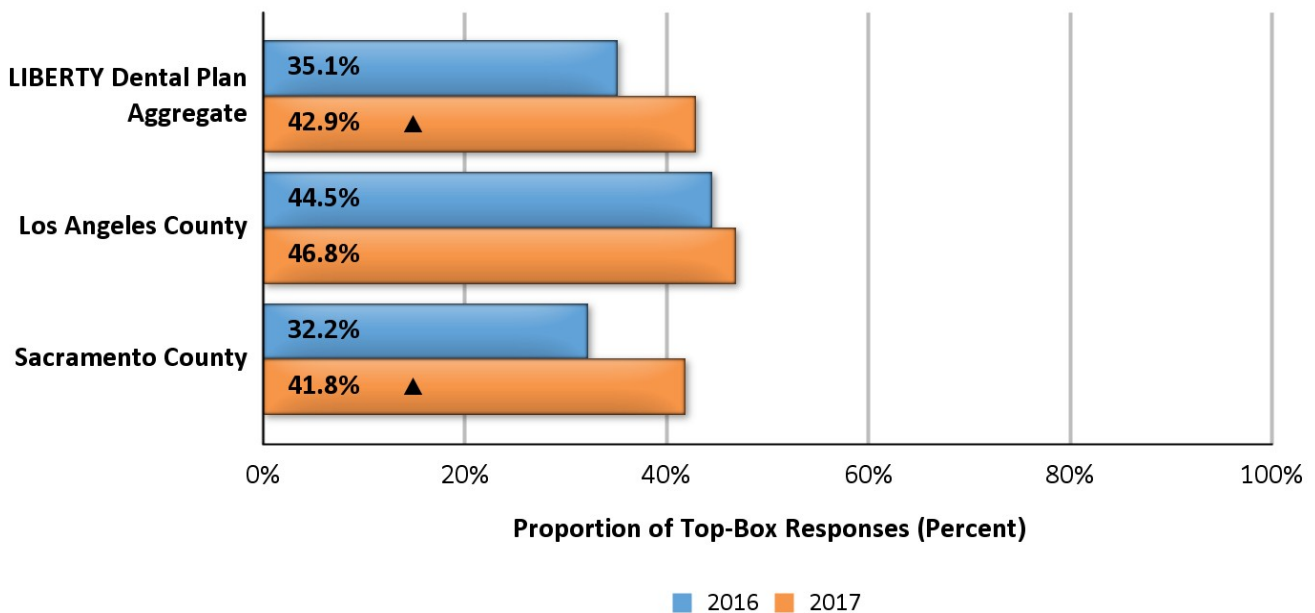
Global Ratings

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care on a scale of 0 to 10, with “0” being the worst and “10” being the best.

Rating of All Dental Care

Figure 4-7 shows the 2016 and 2017 Rating of All Dental Care top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-7—Rating of All Dental Care: Top-Box Rates



Statistical Significance Note: ▲ indicates the 2017 score is statistically significantly higher than the 2016 score.
▼ indicates the 2017 score is statistically significantly lower than the 2016 score.

Rating of Dental Plan

Figure 4-8 shows the 2016 and 2017 Rating of Dental Plan top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

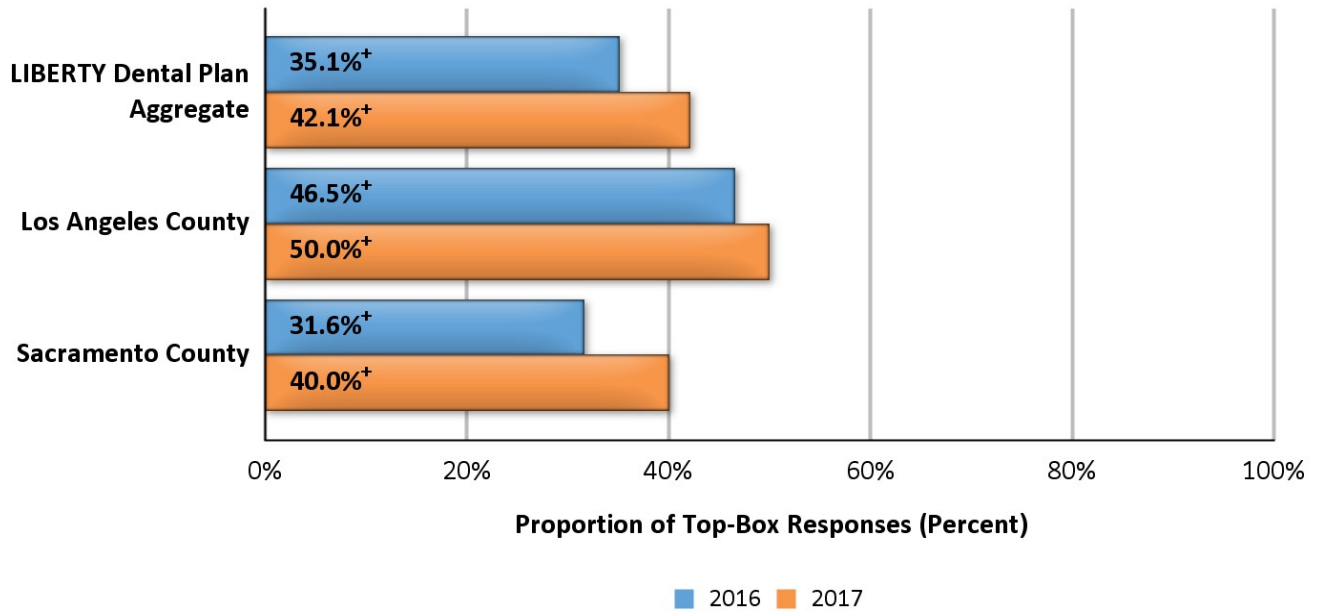
Figure 4-8—Rating of Dental Plan: Top-Box Rates



Rating of Finding a Dentist

Figure 4-9 shows the 2016 and 2017 Rating of Finding a Dentist top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-9—Rating of Finding a Dentist: Top-Box Rates

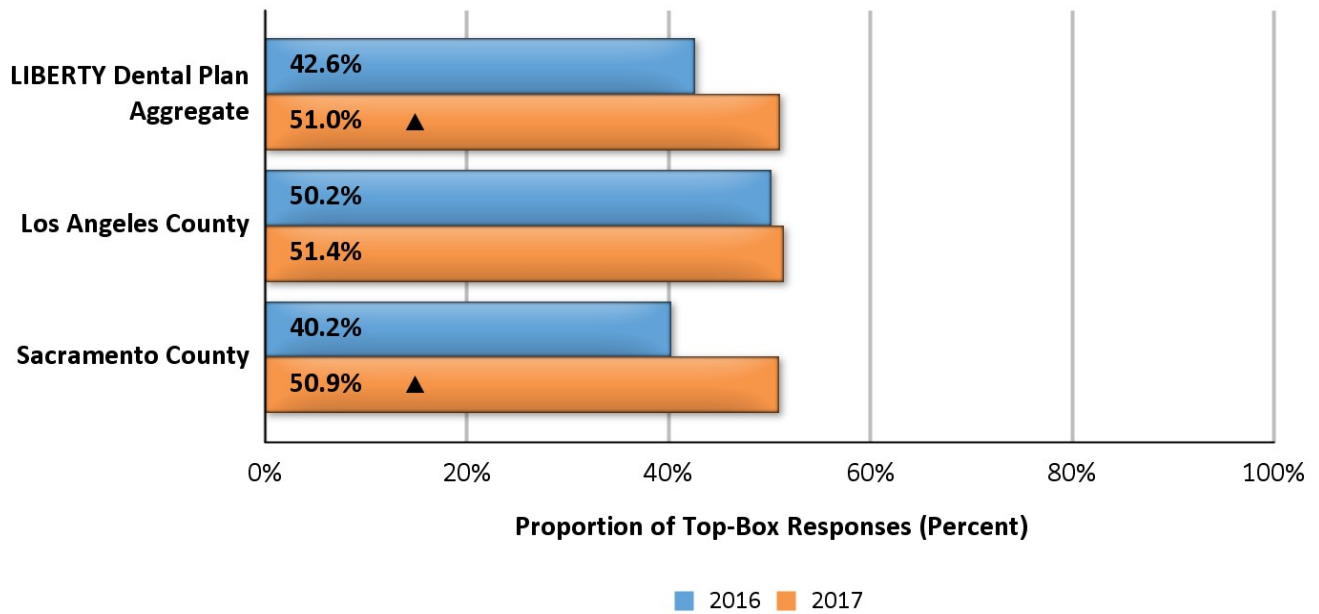


Note: + indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Regular Dentist

Figure 4-10 shows the 2016 and 2017 Rating of Regular Dentist top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-10—Rating of Regular Dentist: Top Box Rates



Statistical Significance Note: ▲ indicates the 2017 score is statistically significantly higher than the 2016 score.
▼ indicates the 2017 score is statistically significantly lower than the 2016 score.

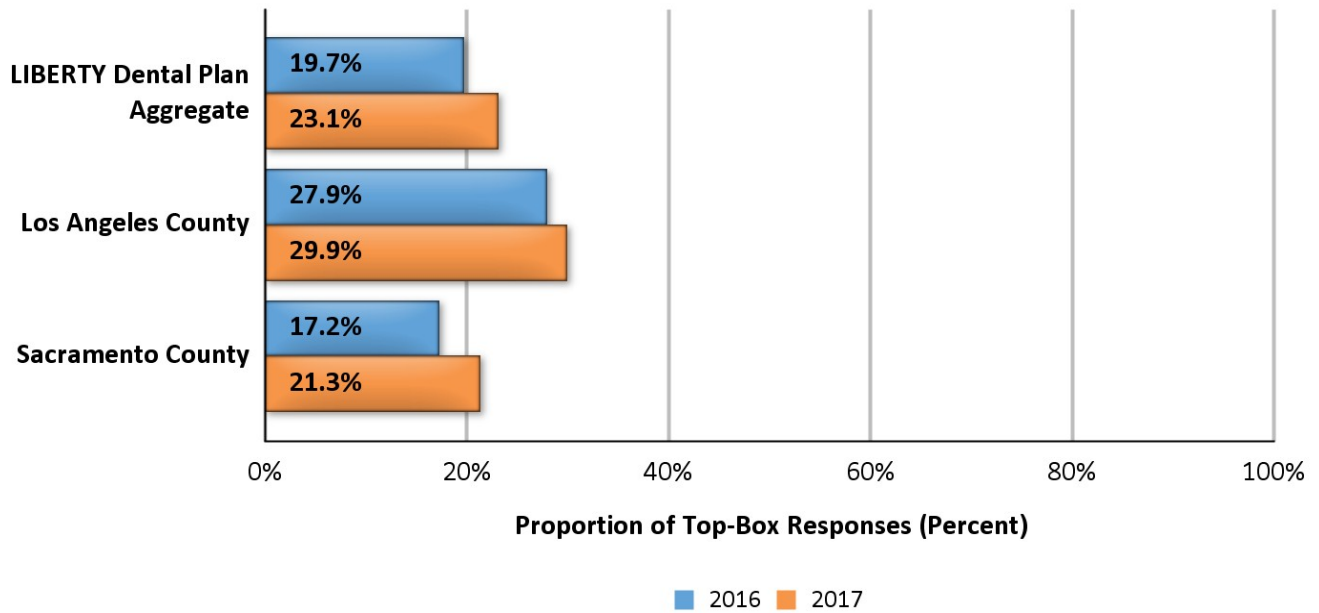
Composite Measures

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care, and responses to these questions were combined to calculate composite measures.

Access to Dental Care

Figure 4-11 shows the 2016 and 2017 Access to Dental Care top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

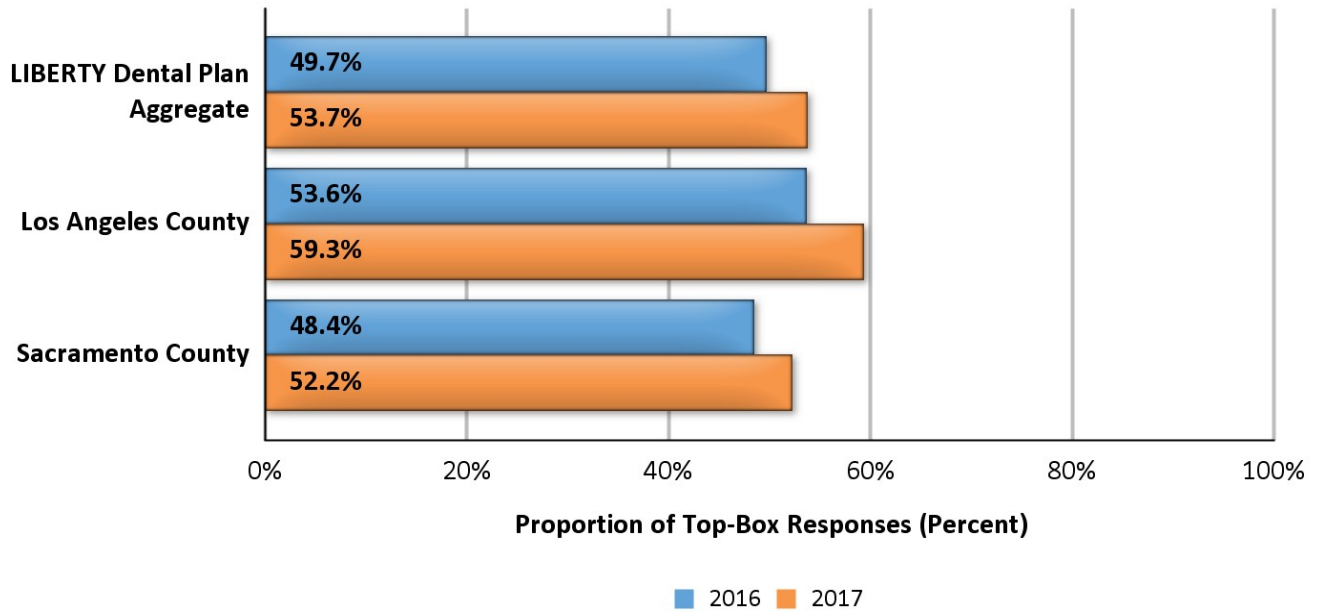
Figure 4-11—Access to Dental Care: Top-Box Rates



Care from Dentists and Staff

Figure 4-12 shows the 2016 and 2017 Care from Dentists and Staff top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

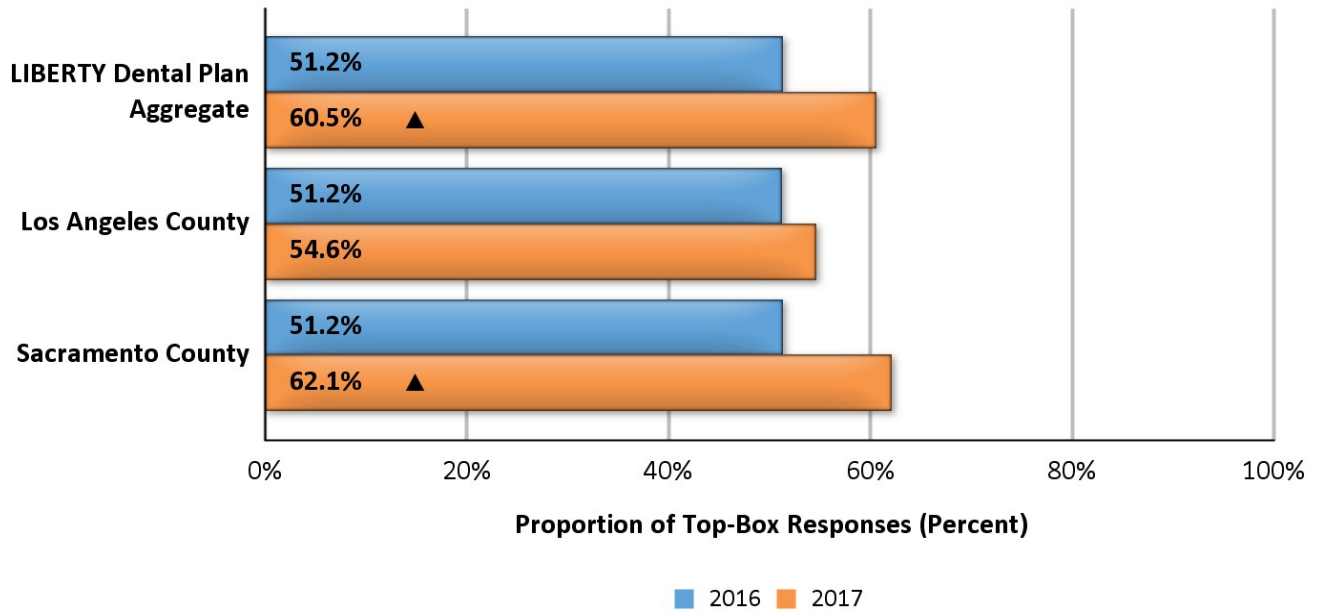
Figure 4-12—Care from Dentists and Staff: Top-Box Rates



Dental Plan Services

Figure 4-13 shows the 2016 and 2017 Dental Plan Services top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-13—Dental Plan Services: Top-Box Rates



Statistical Significance Note: ▲ indicates the 2017 score is statistically significantly higher than the 2016 score.
▼ indicates the 2017 score is statistically significantly lower than the 2016 score.

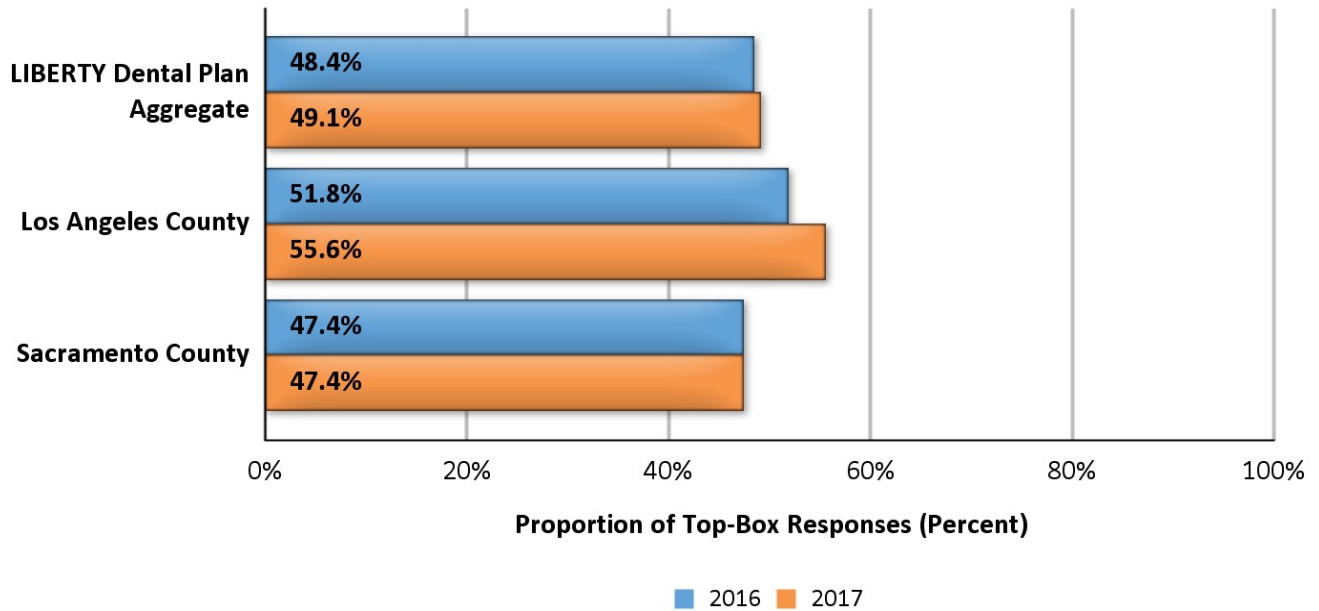
Individual Item Measures

Parents or caretakers of child Medicaid members were asked three questions to assess their satisfaction with the overall dental care provided by their child’s regular dentist, and whether they would recommend their child’s regular dentist or their child’s dental plan to other parents or people.

Care from Regular Dentist

Figure 4-14 shows the 2016 and 2017 Care from Regular Dentist top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

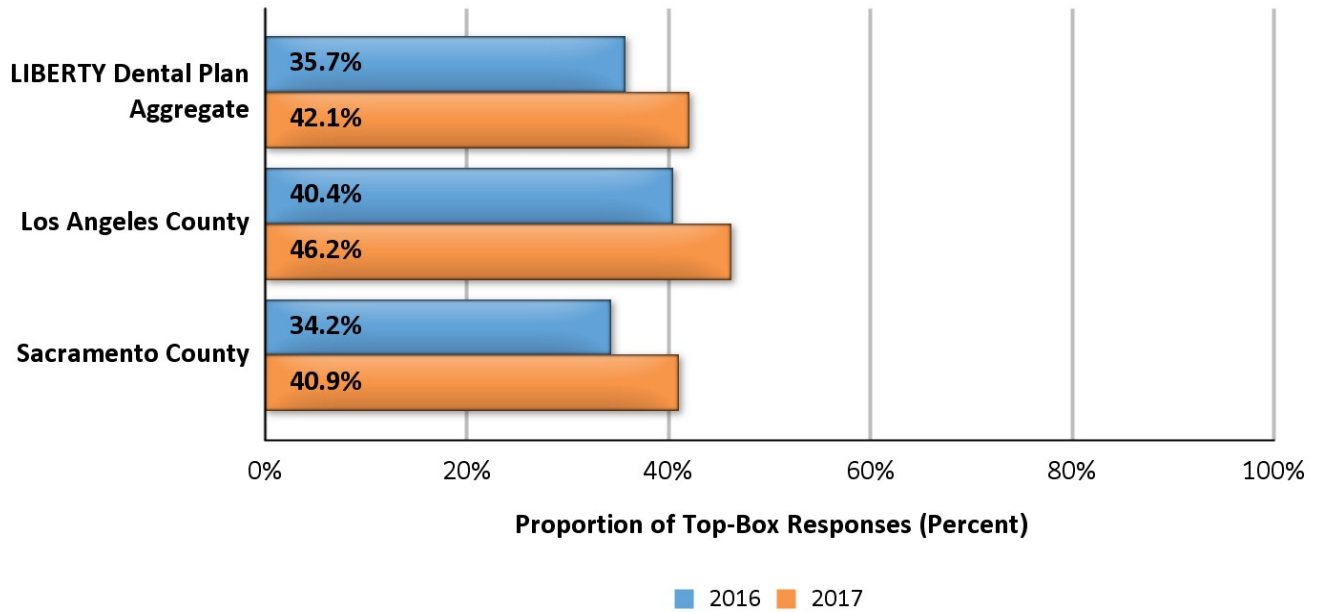
Figure 4-14—Care from Regular Dentist: Top-Box Rates



Would Recommend Regular Dentist

Figure 4-15 shows the 2016 and 2017 Would Recommend Regular Dentist top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

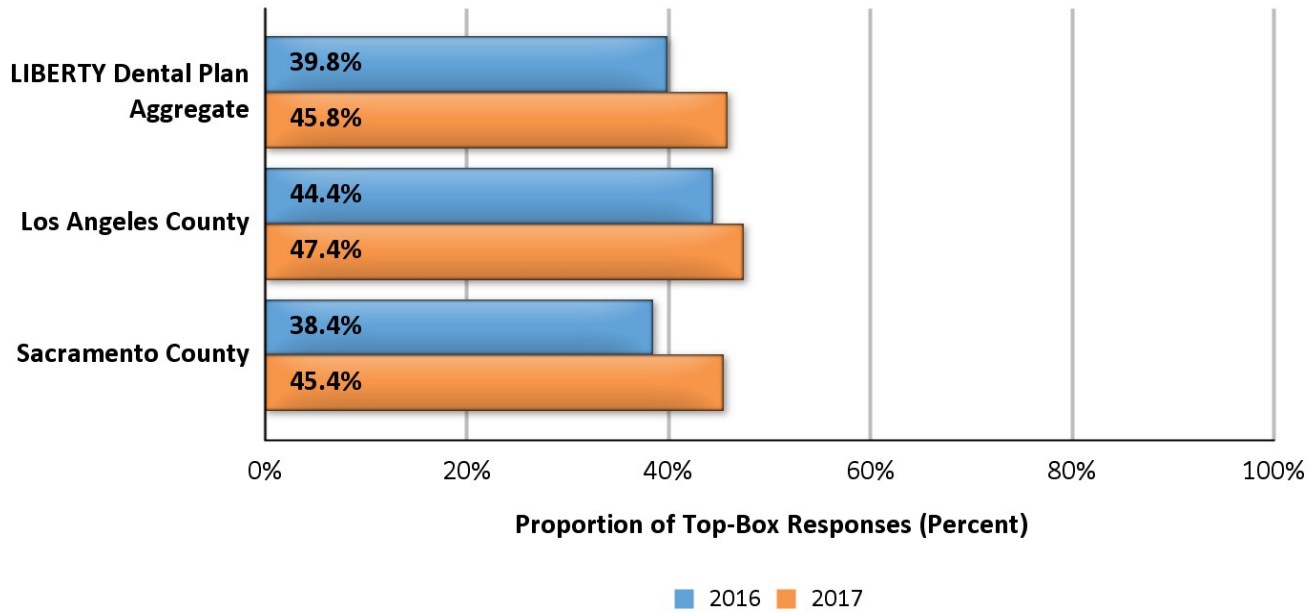
Figure 4-15—Would Recommend Regular Dentist: Top-Box Rates



Would Recommend Dental Plan

Figure 4-16 shows the 2016 and 2017 Would Recommend Dental Plan top-box rates for the LIBERTY Dental Plan aggregate, Los Angeles County, and Sacramento County.

Figure 4-16—Would Recommend Dental Plan: Top-Box Rates



Summary of Trend Analysis Results

A comparison of LIBERTY Dental Plan aggregate’s, Los Angeles County’s, and Sacramento County’s 2016 and 2017 top-box rates revealed the following statistically significant results:

- The LIBERTY Dental Plan aggregate and Sacramento County scored statistically significantly higher in 2017 than in 2016 on three measures: Rating of All Dental Care, Rating of Regular Dentist, and Dental Plan Services.

5. Recommendations

Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for two measures: Rating of Dental Plan and Would Recommend Dental Plan. The analysis provides information on: (1) how well LIBERTY Dental Plan is performing on the survey item (i.e., question), and (2) how important the item is to overall satisfaction.

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section. Table 5-1 depicts those items identified for each of the two measures as being key drivers of satisfaction for LIBERTY Dental Plan.

Table 5-1—Key Drivers of Satisfaction

Rating of Dental Plan
Respondents reported that their child’s regular dentist did not always spend enough time with them.
Respondents reported that they did not always receive dental appointments for their child as soon as they wanted.
Respondents reported that when they tried to obtain an appointment for their child with a dental specialist, they did not always get an appointment with a specialist dentist as soon as they wanted.
Respondents reported that their child’s dental plan information did not help them find a dentist for their child that they were happy with.
Respondents reported that their child’s dental plan’s customer service did not always give them the information or help they needed.
Would Recommend Dental Plan
Respondents reported that their child’s regular dentist did not always spend enough time with them.
Respondents reported that when they tried to obtain an appointment for their child with a dental specialist, they did not always get an appointment with a specialist dentist as soon as they wanted.
Respondents reported that their child’s dental plan’s toll-free number, Web site, or written materials did not always provide the information they wanted about their child’s dental plan.
Respondents reported that their child’s dental plan information did not help them find a dentist for their child that they were happy with.
Respondents reported that their child’s dental plan’s customer service did not always give them the information or help they needed.

Recommendations for Quality Improvement

The Child Dental Satisfaction Survey was developed using the Adult CAHPS Dental Plan Survey. The survey can be used to identify relative strengths and weaknesses in performance, determine areas for improvement, and track progress over time. Based on the most up-to-date information in the literature, general QI recommendations related to the findings from the survey have been presented below. LIBERTY Dental Plan should evaluate these general recommendations in the context of its own operational and QI activities. For additional information, refer to the QI references beginning on page 5-4.

Perform Root Cause Analyses

LIBERTY Dental Plan could conduct root cause analyses of study indicators that have been identified as areas of low performance. This type of analysis is typically conducted to investigate process deficiencies and unexplained outcomes to identify causes and devise potential improvement strategies. If used to study deficiencies in care or services provided to members, root cause analyses would enable LIBERTY Dental Plan to better understand the nature and scope of problems, identify causes and their interrelationships, identify specific populations for targeted interventions, and establish potential performance improvement strategies and solutions. Methods commonly used to conduct root cause analyses include process flow mapping, which is used to define and analyze processes and identify opportunities for process improvement, and the four-stage Plan-Do-Study-Act (PDSA) problem-solving model used for continuous process improvement.⁵⁻¹

Conduct Frequent Assessments of Targeted Interventions

Continuous quality improvement (CQI) is a cyclical, data-driven process in which small-scale, incremental changes are identified, implemented, and measured to improve a process or system, similar to the PDSA problem-solving model. Changes that demonstrate improvement can then be standardized and implemented on a broader scale. To support continuous, cyclical improvement, LIBERTY Dental Plan should frequently measure and monitor targeted interventions. Key data should be collected and reviewed regularly to provide timely, ongoing feedback regarding the effectiveness of interventions in achieving desired results. A variety of methods can be used for CQI data collection and analysis, including surveys, interviews, focus groups, “round table” sessions, document reviews, and benchmarking.

⁵⁻¹ Plan-Do-Study-Act (PDSA) Worksheet. *Institute for Healthcare Improvement*. Available at: <http://www.ihc.org/knowledge/Pages/Tools/PlanDoStudyActWorksheet.aspx>. Accessed on: October 3, 2017.

Customer Service Performance Measures

Setting plan-level customer service standards can assist in addressing areas of concern and serve as domains for which LIBERTY Dental Plan can evaluate and modify internal customer service performance measures, such as call center representatives' call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member's inquiry about dental plan coverage, and the number of member complaints. Collected measures should be communicated with dental providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

Minimize Patient's Wait Time

Reducing wait time shows respect for and commitment to the patient and ensures an efficient practice. The length of appointments should be based on the type of service provided and additional time should be allocated for procedures that require it. Reserving a few slots in the schedule every day allows time for delays due to longer-than-expected patient visits and emergencies. To keep emergencies from disrupting scheduled appointments, LIBERTY Dental Plan should develop and implement an emergency policy that shows consistency across trained staff members. If the average number of walk-in patients is calculated by examining appointments for the past several months, then it can be determined whether a special time should be set aside in the schedule for these emergencies. The rate of broken or cancelled appointments in a typical month can also determine when to double-book patients with complementary procedures to maintain operational flow. If this rate is high, it can also be beneficial to implement appointment reminders by phone or mail and maintain a short-notice call list.

Review Scheduling Model

The convenience of availability and ability to schedule an appointment plays a key role in patient satisfaction. LIBERTY Dental Plan should test and apply innovative system models that improve access and wait times. An open access scheduling model, for instance, can be used to match patient demand for appointments with dentist and dental staff supply. Implementing this model begins by continuously measuring demand and capacity to understand and develop the necessary steps for matching demand and capacity. Increasing the capacity could include ensuring that the practice is scheduling appointments in 10-minute rather than 15-minute increments to prevent unnecessary gaps in the schedule. Also, rather than booking appointments weeks or months in advance, an open access scheduling model includes leaving part of a dentist's schedule open for same-day appointments that are dedicated to urgent demands. Furthermore, LIBERTY Dental Plan should develop a smoother and more efficient scheduling model by developing and applying standardized scripts. These can be utilized by front desk personnel and other key team members for common occurrences within the office setting to help keep patients informed. This type of structure not only allows each patient to receive care without causing a delay in the appointments of other patients, but builds value in appointments and reduces no-shows and cancellations as well.

Quality Improvement References

The following references offer additional guidance on possible approaches to QI activities.

AHRQ Web site. *The CAHPS Improvement Guide: Practical Strategies for Improving the Patient Care Experience*. Available at:

<https://www.facs.org/~media/files/advocacy/cahps/improvement%20guide.ashx>. Accessed on: September 20, 2017.

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American Dental Association. *State and Community Models for Improving Access to Dental Care for the Underserved—A White Paper*. Available at: http://www.ada.org/~media/ADA/Advocacy/Files/topics_access_whitepaper.ashx. Accessed on: September 20, 2017.

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[http://www.mayoclinicproceedings.org/article/S0025-6196\(11\)62552-4/pdf](http://www.mayoclinicproceedings.org/article/S0025-6196(11)62552-4/pdf). Accessed on: September 20, 2017.

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<https://www.medicare.gov/medicaid/benefits/downloads/8statedentalreview.pdf>. Accessed on: September 20, 2017.

Decker SL. Medicaid payment levels to dentists and access to dental care among children and adolescents. *Journal of the American Medical Association*. 2011; 306(2): 187-193.

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http://dhss.delaware.gov/dhss/dhcc/files/dhcc_annual_report_2010.pdf. Accessed on: September 20, 2017.

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Futuredontics. *What Dental Patients Want*. 2016. Available at:

http://www.dds1800.com/whitepapers/What_Dental_Patients_Want/. Accessed on: September 20, 2017.

Ha JF, Anat DS, Longnecker N. Doctor-Patient Communication: A Review. *The Ochsner Journal*. 2010; 10: 40-42. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3096184/pdf/i1524-5012-10-1-38.pdf>. Accessed on: September 20, 2017.

Institute for Healthcare Improvement Web site. *Reduce Scheduling Complexity: Maintain Truth in Scheduling*. Available at: <http://www.ihl.org/resources/Pages/Changes/ReduceSchedulingComplexity.aspx>. Accessed on: September 20, 2017.

Institute for Healthcare Improvement Web site. *The Crowded Clinic*. Available at: <http://www.ihl.org/education/IHIOpenSchool/resources/Pages/Activities/TheCrowdedClinic.aspx>. Accessed on: September 20, 2017.

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Ohio Department of Health. *Recommendations of the Director of Health's Task Force on Access to Dental Care*. May 2004. Available at: <http://www.odh.ohio.gov/pdf/oral/rpt2000/dtfrpt04.pdf>. Accessed on: September 20, 2017.

Smiley CS, Using prevention and measurement to drive quality improvement. *The Journal of the Dental Hygiene*. 2015; 89(1): 27-29. Available at: http://jdh.adha.org/content/89/suppl_1/27.full.pdf+html. Accessed on: September 20, 2017.

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Travaline JM, Ruchinskas R, D'Alonzo GE. Patient-Physician Communication: Why and How. *The Journal of the American Osteopathic Association*. 2005; 105: 13-18. Available at: <http://jaoa.org/article.aspx?articleid=2093086>. Accessed on: September 20, 2017.

6. Survey Instrument

This section provides a copy of the Child Dental Satisfaction Survey instrument administered to LIBERTY Dental Plan child Medicaid members.

CHILD DENTAL SATISFACTION SURVEY

SURVEY INSTRUCTIONS

- Answer each question on behalf of the child listed on the envelope by filling in the circle to the left of your answer, like this:
 - Yes
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
 - Yes → **If Yes, Go to Question 3**
 - No

Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations.

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

If you want to know more about this study, please call 1-844-472-4334.



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

1. Our records show that your child is now in the

<<DENTAL_PLAN_NAME>>

Is that right?

¹ Yes → If Yes, Go to Question 3

² No

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

3. In the last 12 months, did your child go to a dentist's office or clinic for care?

¹ Yes

² No → If No, please stop and return this survey in the postage-paid envelope. Thank you.

<<Barcode>>

<<Sort Position>>

Your Child's Regular Dentist

4. A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?

- 1 Yes
- 2 No →If No, Go to Question 15

5. Has your child seen his or her regular dentist in the last 12 months?

- 1 Yes
- 2 No, my child has seen someone else
→If No, Go to Question 15

6. In the last 12 months, how often did your child's regular dentist explain things about your child's dental health in a way that was easy to understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

7. In the last 12 months, how often did your child's regular dentist listen carefully to you?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

8. In the last 12 months, how often did your child's regular dentist treat you with courtesy and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

9. Is your child able to talk with his or her regular dentist about his or her dental care?

- 1 Yes
- 2 No →If No, Go to Question 11

10. In the last 12 months, how often did your child's regular dentist explain things in a way that was easy for your child to understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

11. In the last 12 months, how often did your child's regular dentist spend enough time with your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

Your Child's Dental Care In The Last 12 months

So far, the questions on this survey have been about your child's regular dentist. The next set of questions asks about any dental care your child had in the last 12 months, including dental care your child had with his or her regular dentist or with someone else.

12. In the last 12 months, how often were you satisfied with the overall care provided to your child by his or her regular dentist?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 0 Worst regular dentist possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best regular dentist possible

14. Would you recommend your child's regular dentist to parents who are looking for a new dentist for their child?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no

15. In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

16. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

17. In the last 12 months, how often were dental appointments for your child as soon as you wanted?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

18. If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted?

- 0 My child did not have a dental emergency in the last 12 months
- 1 Definitely yes
- 2 Somewhat yes
- 3 Somewhat no
- 4 Definitely no

19. If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted?

- 0 I did not try to get an appointment with a specialist dentist for my child in the last 12 months
- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

20. In the last 12 months, when your child went to an office or clinic to receive dental care, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment?

- 1 Never → If Never, Go to Question 22
- 2 Sometimes
- 3 Usually
- 4 Always

21. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

22. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care your child received in the last 12 months?

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

Your Child's Dental Plan

The next set of questions asks about your child's dental plan. For these questions, answer only about your child's dental plan.

23. In the last 12 months, how often did your child's dental plan cover all of the services you thought were covered?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

24. In the last 12 months, did your child's dental plan meet all of his or her dental care needs?

- 1 Definitely yes
- 2 Somewhat yes
- 3 Somewhat no
- 4 Definitely no

25. In the last 12 months, did your child's dental plan cover what your child needed to get done?

- 1 Definitely yes
- 2 Somewhat yes
- 3 Somewhat no
- 4 Definitely no

26. In the last 12 months, did you try to find out how your child's dental plan works by calling their toll-free number, visiting their Web site, or reading printed materials?

- 1 Yes
- 2 No →If No, Go to Question 28

27. In the last 12 months, how often did the toll-free number, Web site, or written materials provide the information you wanted about your child's dental plan?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

28. In the last 12 months, did you use any information from your child's dental plan to help you find a new dentist for your child?

- 1 Yes
- 2 No →If No, Go to Question 31

29. Did this information help you find a dentist for your child that you were happy with?

- 1 Definitely yes
- 2 Somewhat yes
- 3 Somewhat no
- 4 Definitely no

30. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?

- 0 Extremely difficult
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Extremely easy

31. In the last 12 months, did you try to get information or help from customer service at your child's dental plan?

- 1 Yes
- 2 No → If No, Go to Question 34

32. In the last 12 months, how often did customer service at your child's dental plan give you the information or help you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

33. In the last 12 months, how often did customer service staff at your child's dental plan treat you with courtesy and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

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

35. Would you recommend your child's dental plan to other parents or people who want to join?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no

About Your Child and You

36. In general, how would you rate the overall condition of your child's teeth and gums?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

37. What is your child's age?

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

38. Is your child male or female?

- 1 Male
- 2 Female

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

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

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

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other

41. What is your age?

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

42. Are you male or female?

- 1 Male
- 2 Female

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

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

44. How are you related to the child?

- 1 Mother or father
- 2 Grandparent
- 3 Aunt or uncle
- 4 Older brother or sister
- 5 Other relative
- 6 Legal guardian
- 7 Someone else

45. Did someone help you complete this survey?

1 Yes

2 No → **Thank you. Please return the completed survey in the postage-paid envelope.**

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

1 Read the questions to me

2 Wrote down the answers I gave

3 Answered the questions for me

4 Translated the questions into my language

5 Helped in some other way

THANK YOU

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

**HEALTH SERVICES ADVISORY GROUP
P.O. Box 81204
Conyers, GA 30013-9901**



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