

# 2025 S-CHIP 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>
- » **CCC**—Children with Chronic Conditions
- » **CHIP**—Children’s Health Insurance Program
- » **CMS**—Centers for Medicare & Medicaid Services
- » **COC**—Coordination of Care
- » **DHCS**—California Department of Health Care Services
- » **FCC**—Family-Centered Care
- » **FFS**—fee-for-service
- » **HEDIS**<sup>®</sup>—Healthcare Effectiveness Data and Information Set<sup>2</sup>
- » **HSAG**—Health Services Advisory Group, Inc.
- » **MCP**—Medi-Cal managed care health plan
- » **NCQA**—National Committee for Quality Assurance
- » **S-CHIP**—Separate Children’s Health Insurance Program

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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 (CMS) Children's Health Insurance Program (CHIP) Reauthorization Act requires the administration of a member experience survey to the California separate CHIP (S-CHIP) population to measure and report on performance to assess the quality and appropriateness of care and services provided to members. CMS published the *Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality* final rule in the Federal Register on May 10, 2024, which requires states to publish member experience surveys for the S-CHIP population by managed care plan. Due to the low number of S-CHIP members in California, this report only provides results for S-CHIP members at the statewide level.

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

This report presents the 2025 CAHPS survey results from parents/caretakers of child members enrolled in California's S-CHIP who completed surveys from February to May 2025, which represent parents'/caretakers' experiences with care and services provided to their children over the prior six months. DHCS selected the standardized survey instrument, CAHPS 5.1 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS) supplemental item set and Children with Chronic Conditions (CCC) measurement set. HSAG administered the CAHPS survey instrument to a statewide sample of S-CHIP members enrolled in the Medi-Cal managed care health plans (MCPs) and fee-for-service (FFS).

## Performance Highlights

### General Child Performance Highlights

Differences in scores should be evaluated from a clinical perspective. While the general child population results may be above or below the 2024 National Committee for Quality Assurance (NCQA) national 50th percentiles, differences in scores may not be important from a clinical point of view.<sup>3,4</sup> HSAG observed the following from the general child population results:

- » The differences between the 2024 NCQA general child Medicaid national 50th and 90th percentiles ranged from 2.27 to 5.46 percentage points, with an average of 4.04 percentage points, indicating that the distributions of national performance were close together.
- » The differences between the general child population reportable scores and the 2024 NCQA general child Medicaid national 50th percentiles ranged from 13.05 to 0.13 percentage points below the 2024 NCQA general child Medicaid national 50th percentiles, with an average of 5.02 percentage points below the 2024 NCQA general child Medicaid national 50th percentiles.

### Top-Box Scores

The findings indicate opportunities for improvement in member experience for several areas of care, as every reportable measure scored below the 2024 NCQA general child Medicaid national 50th percentiles.<sup>5</sup>

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<sup>3</sup> NCQA's Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for S-CHIP; therefore, caution should be exercised when interpreting these results.

<sup>4</sup> NCQA national data for 2025 were not available at the time this report was prepared; therefore, 2024 NCQA national data are presented throughout this report.

<sup>5</sup> For the NCQA general child Medicaid national percentiles, the source for data contained in this publication is Quality Compass<sup>®</sup> 2024 data and is used with the permission of NCQA. Quality Compass 2024 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass<sup>®</sup> is a registered trademark of NCQA. CAHPS<sup>®</sup> is a registered trademark of AHRQ.

## CCC Performance Highlights

As with the general child population results, differences in the CCC population scores should be evaluated from a clinical perspective. While the CCC population results may be above or below the national 50th percentiles, differences in scores may not be important from a clinical point of view.<sup>6</sup> HSAG observed the following from the CCC population results:

- » The differences between the NCQA CCC Medicaid national 50th and 90th percentiles ranged from 1.88 to 11.52 percentage points, with an average of 4.06 percentage points.
- » The only reportable measure was the *Rating of Health Plan* global rating, which scored above the NCQA CCC Medicaid national 50th percentile.<sup>7</sup>

## Considerations

HSAG observed that in 2025, all reportable measures for the general child population scored below the 2024 NCQA general child Medicaid national 50th percentiles. Additionally, all measures except for the *Rating of Health Plan* global rating for the CCC population were suppressed. The survey results from 2025 may reflect ongoing issues with providers delivering quality, timely, and accessible services to members. HSAG suggests that DHCS work to explore the factors that may be contributing to the scores for most CAHPS survey measures being below the 2024 NCQA Medicaid national 50th percentiles and develop strategies to address the identified factors.

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<sup>6</sup> NCQA's Quality Compass benchmarks for the CCC Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for S-CHIP; therefore, caution should be exercised when interpreting these results.

<sup>7</sup> There were not enough eligible child members to perform an oversample of CCC child members. As a result, there were not enough respondents to report on all CAHPS CCC measures.

# BACKGROUND



## Medi-Cal S-CHIP Population Overview

In the State of California, DHCS administers the Medicaid program (Medi-Cal) through its FFS and managed care delivery systems. In California, S-CHIP, a program that provides health insurance to uninsured, low-income children using federal dollars, is included in Medi-Cal.<sup>8</sup> The S-CHIP program builds on Medi-Cal by providing care to children in families with incomes too high for Medi-Cal. As of April 2025, approximately 1.22 million members (i.e., 24.7 percent of the total child Medi-Cal eligible population) were enrolled in CHIP.<sup>9</sup> Of those, approximately 15,000 were enrolled in S-CHIP.<sup>10</sup>

## How DHCS Uses Member Experience Results

Medi-Cal provides services to almost 14 million members (approximately one-third of all Californians), including low-income children and families, seniors and persons with disabilities, and pregnant women.<sup>11</sup> The overall vision of DHCS, as seen within the 2022 DHCS Comprehensive Quality Strategy, is to preserve and improve the health status of all Californians by achieving the goals to improve health outcomes and reduce disparities, enhance the quality of care and health care experiences of patients, and reduce health care costs across both managed care and FFS delivery systems.<sup>12</sup> Since Medi-Cal serves some of California's most vulnerable populations, the need to evaluate

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<sup>8</sup> Centers for Medicare & Medicaid Services. *Children's Health Insurance Program (CHIP) State Program Information*. Available at: <https://www.medicaid.gov/chip/state-program-information>. Accessed on: Aug 20, 2025.

<sup>9</sup> Centers for Medicare & Medicaid Services. *April 2025 Medicaid & S-CHIP Enrollment Data Highlights*. Available at: <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>. Accessed on: Aug 20, 2025.

<sup>10</sup> Centers for Medicare & Medicaid Services. *Separate S-CHIP Enrollment by Month and State – Historic CAA/Unwinding Period*. Available at: [https://data.medicaid.gov/dataset/d30cfc7c-4b32-4df1-b2bf-e0a850befd77?conditions\[0\]\[property\]=state&conditions\[0\]\[value\]=CA&conditions\[0\]\[operator\]=%3D](https://data.medicaid.gov/dataset/d30cfc7c-4b32-4df1-b2bf-e0a850befd77?conditions[0][property]=state&conditions[0][value]=CA&conditions[0][operator]=%3D). Accessed on: Aug 20, 2025.

<sup>11</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 20, 2025.

<sup>12</sup> Ibid.

and monitor members' experiences on the quality of and access to health care through the administration and reporting of the CAHPS surveys has remained a key objective for DHCS in meeting its overarching vision.

# 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 1 lists the measures included in the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set.

Table 1—CAHPS Measures

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

Table 2 presents the survey language and response options for each measure. The CAHPS survey includes gate items that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted within footnotes in the table.

Table 2—CAHPS Survey Language and Response Options

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

<sup>13</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>14</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></b> <sup>15</sup>	
43. We want to know your rating of the specialist your child talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0–10 Scale
<b>Composite Measures</b>	
<b><i>Getting Needed Care</i></b> <sup>16</sup>	
10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never, Sometimes, Usually, Always
41. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?	Never, Sometimes, Usually, Always
<b><i>Getting Care Quickly</i></b> <sup>17</sup>	
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
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

<sup>15</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>16</sup> For *Getting Need 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>17</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
<b>How Well Doctors Communicate</b> <sup>18</sup>	
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never, Sometimes, Usually, Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never, Sometimes, Usually, Always
29. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never, Sometimes, Usually, Always
32. In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never, Sometimes, Usually, Always
<b>Customer Service</b> <sup>19</sup>	
45. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never, Sometimes, Usually, Always
46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always

<sup>18</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>19</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.

Question Language	Response Options
<b>CCC Composite Measures</b>	
<b><i>Access to Specialized Services</i></b> <sup>20</sup>	
15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never, Sometimes, Usually, Always
18. In the last 6 months, how often was it easy to get this therapy for your child?	Never, Sometimes, Usually, Always
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never, Sometimes, Usually, Always
<b><i>FCC: Personal Doctor Who Knows Child</i></b> <sup>21</sup>	
33. In the last 6 months, did your child’s personal doctor talk with you about how your child is feeling, growing, or behaving?	Yes, No
38. Does your child’s personal doctor understand how these medical, behavioral, or other health conditions affect your child’s day-to-day life?	Yes, No
39. Does your child’s personal doctor understand how your child’s medical, behavioral, or other health conditions affect your <u>family’s</u> day-to-day life?	Yes, No

<sup>20</sup> For *Access to Specialized Services*, the gate questions ask respondents if they got or tried to get any special medical equipment or devices for their child; if they got or tried to get special therapy such as physical, occupational, or speech therapy for their child; and if they got or tried to get treatment or counseling for their child for an emotional, developmental, or behavioral problem in the last six months. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Access to Specialized Services* measure.

<sup>21</sup> For *FCC: Personal Doctor Who Knows Child*, 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 *FCC: Personal Doctor Who Knows Child* measure.

Question Language	Response Options
<b><i>COC for Children with Chronic Conditions</i></b> <sup>22</sup>	
13. In the last 6 months, did you get the help you needed from your child’s doctors or other health providers in contacting your child’s school or daycare?	Yes, No
24. In the last 6 months, did anyone from your child’s health plan, doctor’s office, or clinic help coordinate your child’s care among these different providers or services?	Yes, No
<b>CCC Item Measures</b>	
<b><i>Access to Prescription Medicines</i></b> <sup>23</sup>	
51. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never, Sometimes, Usually, Always
<b><i>FCC: Getting Needed Information</i></b> <sup>24</sup>	
8. In the last 6 months, how often did you have your questions answered by your child’s doctors or other health providers?	Never, Sometimes, Usually, Always

<sup>22</sup> For *COC for Children with Chronic Conditions*, the gate questions ask respondents if their child is enrolled in any kind of school or daycare, if they needed their child's doctors or other health providers to contact a school or daycare center about their child's health or health care, and if their child received care from more than one kind of health care provider or used more than one kind of health care service in the last 6 months. If respondents answer "No" to these questions, they are directed to skip the questions that collectively comprise the *COC for Children with Chronic Conditions* measure.

<sup>23</sup> For *Access to Prescription Medicines*, the gate question asks respondents if they received or refilled any prescription medicines for their child in the last six months. If respondents answer "No" to this question, they are directed to skip the question that comprises the *Access to Prescription Medicines* measure.

<sup>24</sup> For *FCC: Getting Needed Information*, 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 *FCC: Getting Needed Information* measure.

## How CAHPS Survey Results Were Collected

### Sampling Procedures

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

- » Were 17 years of age or younger as of December 31, 2024.
- » Were currently enrolled in S-CHIP.
- » Were continuously enrolled in an MCP or FFS for at least five of the six months of the measurement period (i.e., July through December 2024) with no more than a 45-day gap in enrollment.

All members included in the total eligible population within the sample frame file were given a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the child member did not have claims or encounters that suggested the child had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated that the child member did have claims or encounters that suggested the child had a greater probability of having a chronic condition. HSAG selected a sample of 1,650 child members and an oversample of 1,415 child members for a total sample of 3,065 child members with a prescreen status code of 1 or 2. This general child sample represents the general population of children. After selecting the general child sample, a supplemental sample up to 726 child members with a prescreen code of 2, which represents the population of children who are more likely to have a chronic condition (i.e., CCC supplemental sample), was selected.<sup>25</sup> This sample was drawn to increase the number of responses for children with chronic conditions.

HSAG inspected a sample of the 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 their addresses through the United States Postal Service's National Change of Address system, as available. HSAG selected no more than one member per household as part of the survey samples.

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<sup>25</sup> There were not enough child members with a prescreen code of 2 to meet the minimum sample size of 1,840 child members. All eligible members with a prescreen code of 2 were selected for a total supplemental sample of 726 child members.

Table 3 depicts the sample sizes for the general child and CCC supplemental samples for the population.

Table 3—Population Sample Sizes

Sample	Standard Sample	Oversample	Total Sample
General Child Sample	1,650	1,415	3,065
CCC Supplemental Sample	726	0	726
<b>Total Sample</b>			<b>3,791</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 parents/caretakers of child 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 MCP or FFS name was included in the questionnaires and letters; the letters bore the signature of a high-ranking state official; and the questionnaire packages included a postage-paid reply envelope addressed to the organization conducting the surveys. The survey administration started in February 2025 and the survey field remained open until closing in May 2025. Table 4 shows the timeline used in the survey administration.

Table 4—CAHPS 5.1 Survey Timeline

Task	Timeline
Send first survey with cover letter to the parent/caretaker of the child member and make website available to complete the survey online.	0 days
Send a postcard reminder to non-respondents seven days after mailing the first survey.	7 days
Send a second survey (and letter) to non-respondents 28 days after mailing the first survey.	28 days
Send a second postcard reminder to non-respondents seven days after mailing the second survey.	35 days
Send a third survey (and letter) to non-respondents 28 days after mailing the second survey.	56 days
Close survey field.	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 a number of analyses to comprehensively assess member experience. This portion of the report includes an overview of each analysis that HSAG conducted.

### Response Rate

NCQA defines the response rate as the total number of completed surveys divided by all eligible members of the sample.<sup>26</sup> A survey is assigned a disposition code of “completed” if parents/caretakers of child members answered at least three of the following questions: 3, 25, 40, 44, and 49.<sup>27</sup> Eligible members include the entire sample (including any oversample) minus

<sup>26</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

<sup>27</sup> Please refer to the Survey Instrument section of this report for a copy of the survey instrument to see the survey question language.

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 15), 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 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 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 S-CHIP population.

## Scoring Calculations

HSAG calculated top-box scores for each measure in accordance with NCQA HEDIS Specifications for Survey Measures.<sup>28</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 *Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate*, and *Customer Service* composites; *Access to Specialized Services* CCC composite measure; and *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC item measures
- » “Yes” for the *FCC: Personal Doctor Who Knows Child* and *COC for Children with Chronic Conditions* CCC composite measures

Table 5 illustrates how HSAG determined the top-box score values.

Table 5—Determining Measure Score Values

Response Category	Score Values
<b>Global Ratings</b>	
0–7	0
8–10	1
<b>Composite Measures, Access to Specialized Services CCC Composite Measure, and CCC Item Measures</b>	
Never	0
Sometimes	0
Usually	1

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

Response Category	Score Values
Always	1
<b>FCC: Personal Doctor Who Knows Child and COC for Children with Chronic Conditions CCC Composite Measures</b>	
No	0
Yes	1

### Global Ratings and CCC Item Measures

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 or CCC item measure question.

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

$i = 1, \dots, n$  members responding to question  
 $x_i$  = 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).

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

$i = 1, \dots, n$  members responding to question  
 $x_i$  = 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:

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

### 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:

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

*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:

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

## Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analysis, and interpretation. DHCS should consider these limitations 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>29</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 S-CHIP. The survey by itself does not necessarily reveal the exact cause of these differences. As such, caution should be exercised when interpreting these results.

## National Data

HSAG compared the 95 percent confidence interval of each score with the 2024 NCQA Medicaid national 50th percentile.<sup>30</sup> NCQA does not calculate 95 percent confidence intervals; therefore, HSAG could only compare the 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 S-CHIP population which includes FFS members. 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

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

the first mailing/round) could potentially be non-respondents if the survey had ended earlier. To identify potential non-response bias, 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. There were no statistically significant results for the general child or CCC populations.

# RESULTS



## Survey Respondents

### Response Rate

The CAHPS survey response rate is the total number of completed surveys divided by all eligible members in the sample. If the parent/caretaker of the eligible member appropriately answered at least three of five NCQA-specified questions in the survey instrument, HSAG counted the survey as complete.<sup>31</sup>

Table 6 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 population selected for surveying. The survey dispositions and response rates are based on the responses of parents/caretakers of children in the general child and CCC supplemental samples. The response rate of 13.66 percent was greater than the CCC Medicaid national response rate reported by NCQA for 2024, which was 11.7 percent.<sup>32,33</sup> For more information on the calculation of the response rate, please refer to the “Response Rate” heading in the Methodology section of this report on page 17.

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<sup>31</sup> A survey was considered a complete and valid survey for the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set when three of the following five survey questions were appropriately answered: 3, 25, 40, 44, and 49.

<sup>32</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Survey Vendor Update Training*. October 12, 2024.

<sup>33</sup> Please note, 2025 national response rate information was not available at the time this report was produced.

Table 6—Total Number of Respondents and Response Rate

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

Population	Total Sample Size	Ineligible Sample	Eligible Sample	Completed Surveys	Response Rate
General Child Sample	3,065	41	3,024	400	13.23%
CCC Supplemental Sample	726	9	717	111	15.48%
<b>S-CHIP</b>	<b>3,791</b>	<b>50</b>	<b>3,741</b>	<b>511</b>	<b>13.66%</b>

## General Child Results

This portion of the report presents the general child population CAHPS survey results (i.e., respondents from the CCC supplemental sample were not included in this analysis).

### Respondent Analysis

HSAG compared the demographic characteristics of survey respondents to the demographic characteristics of all 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. Please note that variables from the sample frame were used for this analysis.

Table 7 presents the results of the respondent analysis for the general child population. 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 18.

## Table 7—Respondent Analysis Results

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

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

	Respondents	Sample Frame
<b>Age</b>		
0 to 3	12.25%↓	15.82%
4 to 7	13.50%↓	17.72%
8 to 12	29.75%	28.92%
13 to 17	44.50%↑	37.53%
<b>Gender</b>		
Male	55.25%	51.60%
Female	44.75%	48.40%
<b>Race</b>		
White	8.36%↓	11.75%
Black	S	1.86%
Asian	37.20%↑	31.78%
Other	13.75%↓	17.68%
Hispanic/Latino	S	36.94%

	Respondents	Sample Frame
<b>Ethnicity</b>		
Hispanic	42.86%	41.76%
Non-Hispanic	57.14%	58.24%

HSAG identified the following results for age and race:

- » A statistically significantly lower percentage of parents/caretakers of child beneficiaries 0 to 3 years of age responded to the survey (12.25 percent) compared to those in the sampling frame (15.82 percent).
- » A statistically significantly lower percentage of parents/caretakers of child beneficiaries 4 to 7 years of age responded to the survey (13.50 percent) compared to those in the sampling frame (17.72 percent).
- » A statistically significantly higher percentage of parents/caretakers of child beneficiaries 13 to 17 years of age responded to the survey (44.50 percent) compared to those in the sampling frame (37.53 percent).
- » A statistically significantly higher percentage of parents/caretakers of children whose race was Asian responded to the survey (37.20 percent) compared to those in the sampling frame (31.78 percent).
- » A statistically significantly lower percentage of parents/caretakers of children whose race was Other responded to the survey (13.75 percent) compared to those in the sampling frame (17.68 percent).

## Top-Box Scores

HSAG calculated top-box scores in accordance with NCQA HEDIS Specifications for Survey Measures.<sup>34</sup> According to these specifications, if a measure has fewer than 100 respondents, the measure is not reportable. HSAG suppressed CAHPS scores in this report for measures that did not meet NCQA's minimum reporting threshold of 100 respondents. HSAG presents the 2024 NCQA general child Medicaid national 50th and

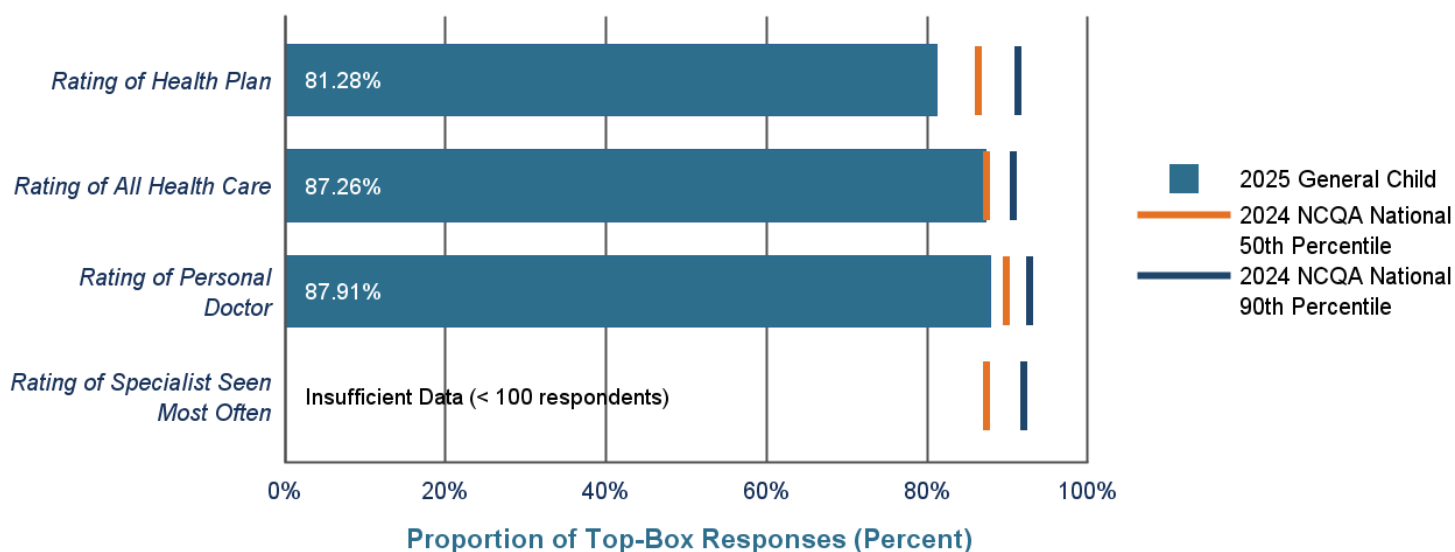
<sup>34</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

90th percentiles for each measure for comparison.<sup>35,36</sup> For more information on the calculation of the top-box scores, please refer to the “Scoring Calculations” heading in the Methodology section of this report on page 19.

Overall, the differences between the 2024 NCQA general child Medicaid national 50th and 90th percentiles ranged from 2.27 to 5.46 percentage points, with an average of 4.04 percentage points, indicating that the distributions of national performance were close together. The differences between the general child population reportable scores and the 2024 NCQA general child Medicaid national 50th percentiles ranged from 13.05 to 0.13 percentage points below the 2024 NCQA general child Medicaid national 50th percentiles, with an average of 5.02 percentage points below the 2024 NCQA general child Medicaid national 50th percentiles.

Figure 1 displays the 2025 general child population top-box scores for the four global ratings and the 2024 NCQA general child Medicaid national 50th and 90th percentiles.

Figure 1—Global Ratings: General Child Top-Box Scores

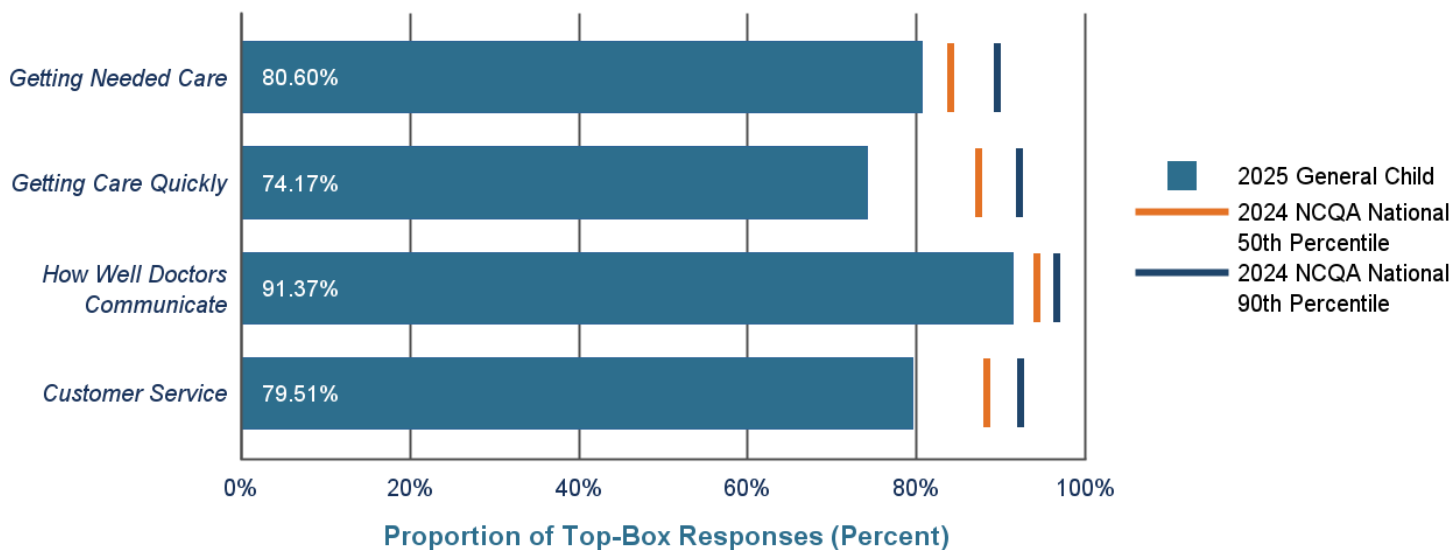


<sup>35</sup> NCQA national data for 2025 were not available at the time this report was prepared; therefore, 2024 NCQA national data are presented in this section.

<sup>36</sup> NCQA’s Quality Compass benchmarks for the general child Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for S-CHIP. Caution should be exercised when interpreting these results.

Figure 2 displays the 2025 general child population top-box scores for the four composite measures and the 2024 NCQA general child Medicaid national 50th and 90th percentiles.

Figure 2—Composite Measures: General Child Top-Box Scores



## CCC Results

### Chronic Conditions Classification

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

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

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

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

## Top-Box Scores

HSAG calculated top-box scores in accordance with NCQA HEDIS Specifications for Survey Measures.<sup>37</sup> According to these specifications, if a measure has fewer than 100 respondents, the measure is not reportable. HSAG suppressed CAHPS scores in this report for measures that did not meet NCQA's minimum reporting threshold of 100 respondents. HSAG presents the 2024 NCQA CCC Medicaid national 50th and 90th percentiles for each measure for comparison.<sup>38,39,40</sup> For more information on the calculation of the top-box scores, please refer to the "Scoring Calculations" heading in the Methodology section of this report on page 19.

## Summary of Results

Overall, the differences between the NCQA CCC Medicaid national 50th and 90th percentiles ranged from 1.88 to 11.52 percentage points, with an average of 4.06 percentage points, indicating that the distributions of national performance were close together. The scores for all measures, except *Rating of Health Plan*, were suppressed since fewer than 100 respondents responded for every measure. The *Rating of Health Plan* global rating's score of 83.81 percent was above the 2024 NCQA CCC Medicaid national 50th percentile and below the 2024 NCQA CCC Medicaid national 90th percentile.

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<sup>37</sup> National Committee for Quality Assurance. *HEDIS® Measurement Year 2024, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2024.

<sup>38</sup> For the NCQA CCC Medicaid national percentiles, the source for data contained in this publication is Quality Compass® 2024 data and is used with the permission of NCQA.

<sup>39</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>40</sup> NCQA's Quality Compass benchmarks for the CCC Medicaid population were used for comparative purposes, since NCQA does not publish separate benchmarking data for S-CHIP, caution should be exercised when interpreting these results.

## CONCLUSIONS AND CONSIDERATIONS



## Conclusions

The following findings indicate notable results in member experience:

- » The CCC population scored above the 2024 NCQA CCC Medicaid national 50th percentiles for the *Rating of Health Plan* global measure.

The following findings indicate opportunities for improvement in member experience for several areas of care. The general child population scored below the 2024 NCQA general child Medicaid national 50th percentiles for the following reportable measures:

- » Global Ratings:
  - *Rating of Health Plan*
  - *Rating of All Health Care*
  - *Rating of Personal Doctor*
- » Composite Measures:
  - *Getting Needed Care*
  - *Getting Care Quickly*
  - *How Well Doctors Communicate*
  - *Customer Service*

## Quality Improvement Efforts

DHCS is currently working to implement the following quality improvement and health management efforts that are expected to deliver a person-centered, equity focused, and data-driven S-CHIP program:

- » Age-Appropriate Vaccine Coverage: DHCS began providing coverage for age-appropriate vaccines and their administration in accordance with the recommendations of the Advisory Committee on Immunization Practices to S-CHIP members without cost sharing on October 1, 2023.<sup>41</sup>

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<sup>41</sup> Centers for Medicare & Medicaid Services. State Plan Amendment CA-24-0008 Approval. Available at: <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-CA-24-0008-Approval.pdf>. Accessed on Sep 26, 2025.

- » Continuous Eligibility Coverage: Starting on January 1, 2024, DHCS began providing 12 months of continuous eligibility for S-CHIP members who are under 19-years-old.<sup>42</sup>
- » Vision Coverage: Starting on January 1, 2025, DHCS began providing vision screenings, vision services, and glasses to Title I California schools in which at least 51 percent of the student body receives free or reduced-price meals. The program runs through a CHIP Health Services Initiative.<sup>43</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>44,45</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>46</sup>

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<sup>42</sup> Centers for Medicare & Medicaid Services. State Plan Amendment CA-24-0046 Approval. Available at: <https://www.dhcs.ca.gov/SPA/Documents/SPA-24-0046-Approval.pdf>. Accessed on Sep 26, 2025.

<sup>43</sup> Centers for Medicare & Medicaid Services. State Plan Amendment CA-24-0012 Approval. Available at: <https://www.dhcs.ca.gov/SPA/Documents/SPA-24-0012-Approval.pdf>. Accessed on Oct 27, 2025.

<sup>44</sup> Ibid.

<sup>45</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>46</sup> Ibid.

- Providing high-need members with Enhanced Care Management (ECM) and Community Supports services despite whether they qualify for ECM.<sup>47</sup>
  - Providing incentives to MCPs that meet key targets in transformative programs and services through the Incentive Payment Program.<sup>48</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>49</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>50</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 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>51</sup>
- » Medi-Cal Member Advisory Committee: DHCS offers Medi-Cal members and caregivers the opportunity to share thoughts, ideas, and experiences directly with

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<sup>47</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.

<sup>48</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>49</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>50</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>51</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.

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>52</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 and learn events, which strengthened connections with ethnic communities and amplified awareness of Medi-Cal's benefits and services.<sup>53,54,55</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>56</sup>
  - Stakeholder Engagement<sup>57</sup>

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<sup>52</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>53</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>54</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>55</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>56</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>57</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.

- Stakeholder Meetings and Webinars<sup>58</sup>
- Responses to Proposed Changes to Medi-Cal Per Tribal Notifications<sup>59</sup>
- » Coverage Ambassadors: Through DHCS' Coverage Ambassador program, trusted members of diverse groups and organizations assist Medi-Cal members in finding, understanding, and keeping their health care coverage, including in different languages when possible and necessary.<sup>60</sup>

## Considerations

HSAG observed that in 2025, all reportable measures for the general child population scored below the 2024 NCQA general child Medicaid national 50th percentiles. Additionally, all measures except for the *Rating of Health Plan* global rating for the CCC population were suppressed. The survey results from 2025 may reflect ongoing issues with providers delivering quality, timely, and accessible services to members. HSAG suggests that DHCS work to explore the factors that may be contributing to the scores for most CAHPS survey measures being below the 2024 NCQA Medicaid national 50th percentiles and develop strategies to address the identified factors.

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<sup>58</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>59</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.

<sup>60</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: SURVEY INSTRUMENT



The survey instrument administered in 2025 was the CAHPS 5.1 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set. This section provides a copy of the survey instrument.

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

- 8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
  - Never
  - Sometimes
  - Usually
  - Always
  
- 9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?
  - 0    1    2    3    4    5    6    7    8    9    10
  - Worst Health Care Possible Best Health Care Possible
  
- 10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
  - Never
  - Sometimes
  - Usually
  - Always
  
- 11. Is your child now enrolled in any kind of school or daycare?
  - Yes
  - No → *Go to Question 14*
  
- 12. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?
  - Yes
  - No → *Go to Question 14*
  
- 13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?
  - Yes
  - No



## SPECIALIZED SERVICES

14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?
- Yes  
 No → *Go to Question 17*
15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
- Never  
 Sometimes  
 Usually  
 Always
16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?
- Yes  
 No
17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?
- Yes  
 No → *Go to Question 20*
18. In the last 6 months, how often was it easy to get this therapy for your child?
- Never  
 Sometimes  
 Usually  
 Always
19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?
- Yes  
 No

20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?
- Yes  
 No → *Go to Question 23*
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child?
- Never  
 Sometimes  
 Usually  
 Always
22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?
- Yes  
 No
23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?
- Yes  
 No → *Go to Question 25*
24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?
- Yes  
 No

## YOUR CHILD'S PERSONAL DOCTOR

25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor?
- Yes  
 No → *Go to Question 40*



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

- Yes
- No

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

- Yes
- No

### GETTING HEALTH CARE FROM SPECIALISTS

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

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

- Yes
- No → *Go to Question 44*

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

- Never
- Sometimes
- Usually
- Always

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

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

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

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 CHILD'S HEALTH PLAN

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

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

- Yes
- No → *Go to Question 47*

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 49*





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

- Yes
- No → Go to Question 64

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

- Yes
- No

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

- Yes
- No → Go to Question 67

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

- Yes
- No → Go to Question 67

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

- Yes
- No

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

- Yes
- No → Go to Question 69

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

- Yes
- No

69. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

70. Is your child male or female?

- Male
- Female

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

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

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

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

73. What is your age?

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

74. Are you male or female?

- Male
- Female

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

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

76. How are you related to the child?

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



## ADDITIONAL QUESTIONS

77. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter at your child's personal doctor's office?
- Yes  
 No → *Go to Question 79*
78. In the last 6 months, during visits to your child's personal doctor's office, how often did you get an interpreter when you needed one? Do **not** include times when you used a family member or friend to be an interpreter for you.
- Never  
 Sometimes  
 Usually  
 Always
79. Some health plans help with non-medical concerns like housing, food, clothing, and childcare issues. In the last 6 months, did you talk with your child's personal doctor or health plan about getting help for any of these issues?
- Yes  
 No → *Go to Question 81*
80. In the last 6 months, how often did you get help from your child's personal doctor or health plan for non-medical concerns when you needed it?
- Never  
 Sometimes  
 Usually  
 Always
81. Your child's health plan can help with transportation to doctors' offices or clinics. This help can be an arranged ride, a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, how often did the help with transportation meet you and your child's needs?
- Never  
 Sometimes  
 Usually  
 Always  
 I did not ask my child's health plan for help with transportation in the last 6 months

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

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

DataStat  
3975 Research Park Drive  
Ann Arbor, MI 48108

