

2020 FAMIS Program Member Experience Report

*Virginia Department of Medical Assistance
Services (DMAS)*

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Table of Contents

| | |
|--|------------|
| 1. Standard Terms and Definitions..... | 1-1 |
| 2. Executive Summary | 2-1 |
| Introduction | 2-1 |
| Performance Highlights..... | 2-1 |
| NCQA Comparisons and Trend Analysis..... | 2-2 |
| 3. Survey Administration..... | 3-1 |
| Survey Administration and Response Rates | 3-1 |
| Survey Administration..... | 3-1 |
| Response Rates | 3-2 |
| Child and Respondent Demographics | 3-3 |
| 4. General Child Results | 4-1 |
| NCQA Comparisons | 4-1 |
| Trend Analysis..... | 4-2 |
| Global Ratings | 4-3 |
| Composite and Individual Item Measures..... | 4-5 |
| Summary of Results | 4-6 |
| Key Drivers of Member Experience..... | 4-7 |
| 5. Children with Chronic Conditions Results..... | 5-1 |
| Chronic Conditions Classification..... | 5-1 |
| NCQA Comparisons | 5-2 |
| Trend Analysis..... | 5-3 |
| Global Ratings | 5-4 |
| Composite and Individual Item Measures..... | 5-6 |
| CCC Composites and Items | 5-8 |
| Summary of CCC Results..... | 5-10 |
| 6. Reader’s Guide..... | 6-1 |
| Survey Administration | 6-1 |
| Survey Overview..... | 6-1 |
| Sampling Procedures..... | 6-4 |
| Survey Protocol..... | 6-4 |
| Methodology | 6-5 |
| Response Rates | 6-5 |
| Child and Respondent Demographics..... | 6-6 |
| General Child and Children with Chronic Conditions Results | 6-6 |
| NCQA Comparisons..... | 6-8 |
| Trend Analysis..... | 6-8 |
| Key Drivers of Member Experience Analysis..... | 6-9 |
| Limitations and Cautions..... | 6-11 |
| Benchmarks..... | 6-11 |
| Causal Inferences | 6-11 |



Non-Response Bias6-11

7. Survey Instrument7-1

1. Standard Terms and Definitions

- **AHRQ**—Agency for Healthcare Research and Quality
- **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems¹⁻¹
- **CATI**—Computer-Assisted Telephone Interviewing
- **CCC**—Children with Chronic Conditions
- **CHIP**—Children’s Health Insurance Program
- **CHIPRA**—Children’s Health Insurance Program Reauthorization Act
- **CMS**—Centers for Medicare & Medicaid Services
- **DMAS**—Department of Medical Assistance Services
- **FAMIS**—Family Access to Medical Insurance Security
- **FFS**—Fee-for-Service
- **HEDIS®**—Healthcare Effectiveness Data and Information Set¹⁻²
- **NCQA**—National Committee for Quality Assurance
- **Global Ratings**—four measures that reflect overall experience with the health plan, health care, personal doctors, and specialists (also referred to as global measures).
- **Composite Measures**—four measures comprised of sets of questions grouped together to address different aspects of care (e.g., “*Getting Needed Care*” and “*Getting Care Quickly*”).
- **Individual Item Measure**—one individual survey questions that look at a specific area of care (i.e., “*Coordination of Care*”).
- **Children with Chronic Conditions Composites/Items**—five measures that assess various aspects of care relevant to the population of children with chronic conditions (e.g., “*Access to Specialized Services*” and “*Family-Centered Care [FCC]: Personal Doctor Who Knows Child*”).
- **Top-Box Score**—method for evaluating performance for the FAMIS program using “top-box” (i.e., positive) responses to calculate scores for each general child and CCC CAHPS survey measure.
- **NCQA’s 2019 Quality Compass® Benchmark and Compare Quality Data**¹⁻³—NCQA Quality Compass data used to compare calculated top-box scores for the FAMIS program to NCQA national averages and percentile distributions to derive overall member experience ratings (i.e., star ratings).

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

¹⁻² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

¹⁻³ Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Introduction

Annually, the Virginia Department of Medical Assistance Services (DMAS) requires the administration of member experience surveys to Family Access to Medical Insurance Security (FAMIS) members receiving health care services through fee-for-service (FFS) or managed care. The member experience surveys were conducted per the Centers for Medicare & Medicaid Services' (CMS') Consumer Assessment of Healthcare Providers and Systems (CAHPS®) reporting requirements under the Children's Health Insurance Program Reauthorization Act (CHIPRA). DMAS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the CAHPS Health Plan Survey. The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving members' overall experience.

The standardized survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set and the Children with Chronic Conditions (CCC) measurement set. In accordance with CMS' CHIPRA reporting requirements, the CAHPS survey was administered to a statewide sample of FAMIS members, representative of the entire population of children covered by Virginia's Title XXI program (i.e., Children's Health Insurance Program [CHIP] members in FFS or managed care). The parents and caretakers of child members from the FAMIS program completed the surveys from March to July 2020.

The CAHPS scoring approach recommended by the National Committee for Quality Assurance (NCQA) in *HEDIS Specifications for Survey Measures, Volume 3* was used to produce the CAHPS survey results presented throughout this report for the FAMIS program.²⁻¹ Based on NCQA's recommendations and HSAG's extensive experience evaluating CAHPS data, a number of analyses were performed to comprehensively assess member experience with the FAMIS program. The details of the CAHPS scoring methodology and analyses are described in the Reader's Guide section beginning on page 6-1.

Performance Highlights

The performance highlights are categorized into two areas of analysis:

- NCQA Comparisons
- Trend Analysis

²⁻¹ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

NCQA Comparisons and Trend Analysis

HSAG calculated top-box scores for each measure and compared the scores to NCQA’s 2019 Quality Compass® Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings).^{2-2,2-3,2-4} Based on this comparison, HSAG determined star ratings of one (★) to five (★★★★★) stars, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). The detailed results of this comparative analysis are described in the General Child Results section beginning on page 4-1 and the Children with Chronic Conditions Results section beginning on page 5-1.

In addition, a trend analysis was performed that compared the 2020 CAHPS results to their corresponding 2019 CAHPS results. The detailed results of this analysis are described in the Trend Analysis subsection of the General Child Results section beginning on page 4-2 and the Children with Chronic Conditions Results section beginning on page 5-3. Table 2-1 presents the highlights from the NCQA comparisons and trend analysis for the FAMIS program’s general child and CCC populations. The percentages presented above the stars represent the top-box scores, while the stars represent overall member experience ratings when compared to NCQA Quality Compass Benchmark and Compare Quality Data.

Table 2-1—NCQA Comparisons and Trend Analysis

| Measure | General Child | | CCC | |
|---|---|----------------|------------------|----------------|
| | NCQA Comparisons | Trend Analysis | NCQA Comparisons | Trend Analysis |
| Global Ratings | | | | |
| <i>Rating of Health Plan</i> | 73.6% ★★★★ | — | 67.9% ★★ | — |
| <i>Rating of All Health Care</i> | 71.5% ★★★★ | — | 70.7% ★★★★ | — |
| <i>Rating of Personal Doctor</i> | 76.0% ★★ | — | 75.7% ★★ | — |
| <i>Rating of Specialist Seen Most Often</i> | 76.5% ⁺ ★★★★ ⁺ | — | 73.2% ★★ | — |

²⁻² National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

²⁻³ The source for the benchmark and compare quality data used for this comparative analysis is Quality Compass® 2019 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

²⁻⁴ NCQA does not provide separate Quality Compass benchmarks for the CHIP population; therefore, NCQA’s benchmarks for the child Medicaid population were used to derive the overall member experience ratings. As such, caution should be exercised when interpreting the results of the NCQA Comparisons analysis.

| Measure | General Child | | CCC | |
|--|---------------------------------------|----------------|---------------------------------------|----------------|
| | NCQA Comparisons | Trend Analysis | NCQA Comparisons | Trend Analysis |
| Composite Measures | | | | |
| <i>Getting Needed Care</i> | 89.0% ★★★★★ | — | 89.6% ★★★★ | — |
| <i>Getting Care Quickly</i> | 90.8% ★★★★ | — | 92.2% ★★ | — |
| <i>How Well Doctors Communicate</i> | 95.8% ★★★★★ | — | 95.7% ★★★★★ | — |
| <i>Customer Service</i> | 85.7% ⁺ ★ ⁺ | — | 85.6% ⁺ ★ ⁺ | — |
| Individual Item Measure | | | | |
| <i>Coordination of Care</i> | 82.3% ⁺ ★★ ⁺ | — | 80.3% ★ | — |
| CCC Composite Measures/CCC Items | | | | |
| <i>Access to Specialized Services</i> | NA | NA | 69.0% ⁺ ★ ⁺ | ▼ |
| <i>FCC: Personal Doctor Who Knows Child</i> | NA | NA | 88.9% ★ | — |
| <i>Coordination of Care for Children with Chronic Conditions</i> | NA | NA | 75.4% ⁺ ★★ ⁺ | — |
| <i>FCC: Getting Needed Information</i> | NA | NA | 92.8% ★★★★ | — |
| <i>Access to Prescription Medicines</i> | NA | NA | 90.4% ★★ | — |
| <p><i>Star Assignments Based on Percentiles</i> ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th ▲ Statistically significantly higher in 2020 than in 2019. ▼ Statistically significantly lower in 2020 than in 2019. — Not statistically significantly different in 2020 than in 2019. NA Indicates that this measure is not applicable for the population. Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</p> | | | | |

Survey Administration and Response Rates

Survey Administration

Child members eligible for surveying included those who were enrolled in the FAMIS program at the time the sample was drawn and who were continuously enrolled in the FAMIS program (i.e., enrolled in FFS or managed care) for at least five of the last six months (July through December) of 2019. In addition, child members had to be 17 years of age or younger as of December 31, 2019 to be included in the survey.

The standard NCQA HEDIS Specifications for Survey Measures require a sample size of 3,490 members for the CAHPS 5.0 Child Medicaid Health Plan Survey (with the CCC measurement set).³⁻¹ A random sample of 1,650 child members was selected for the general child sample, which represents the general population of children. Child members in the eligible population file were assigned a chronic condition prescreen status code of 1 or 2. A prescreen code of 1 indicated that the child member had claims or encounters that did not suggest the member had a greater probability of having a chronic condition. A prescreen code of 2 (also known as a positive prescreen status code) indicated the child member had claims or encounters that suggested the member had a greater probability of having a chronic condition.³⁻² After selecting child members for the general child sample, a sample of 1,840 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.

The survey administration protocol employed was a mail-only methodology. All sampled members were mailed a cover letter and survey questionnaire. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder, and a third survey mailing. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 6-4.

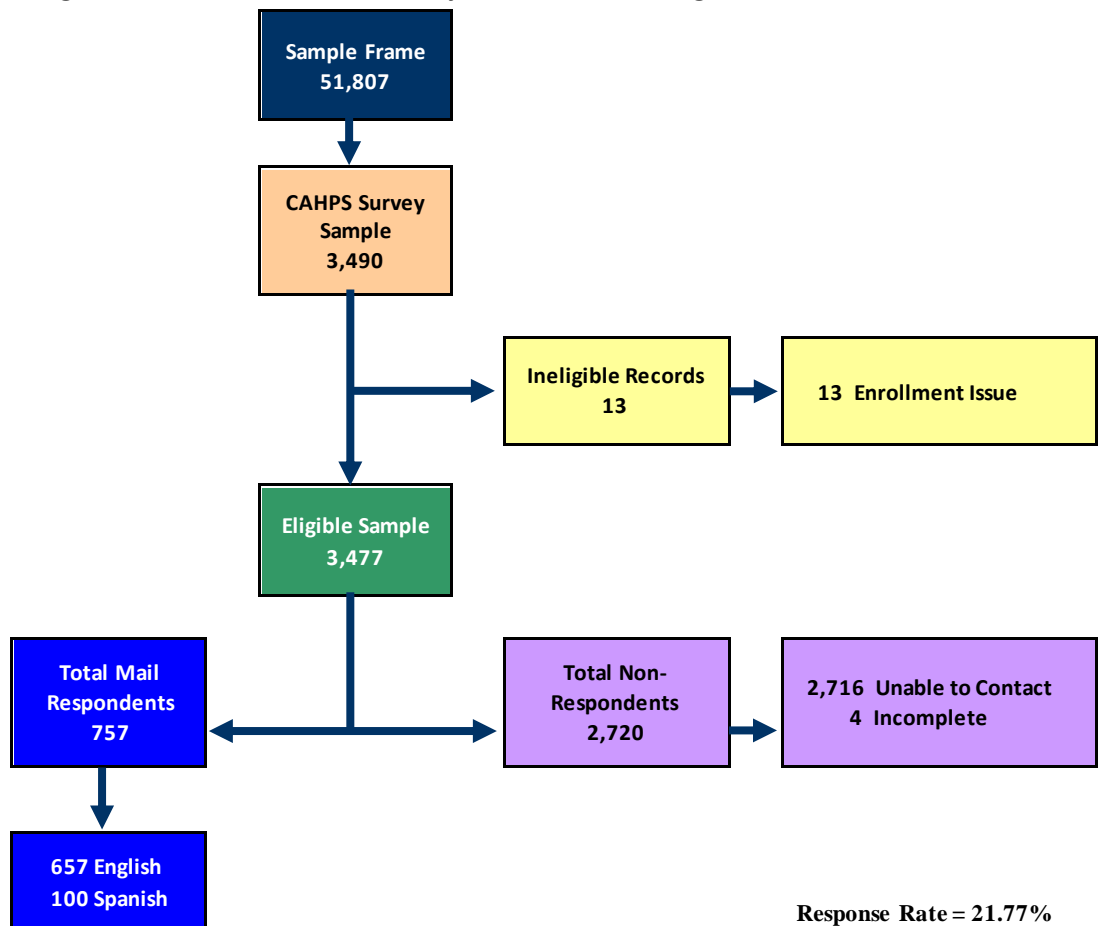
³⁻¹ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

³⁻² *ibid.*

Response Rates

A total of 757 completed surveys were returned on behalf of child members. Figure 3-1 shows the distribution of survey dispositions and the response rate for the FAMIS program. The survey dispositions and response rate are based on responses of parents/caretakers of children in the general child and CCC supplemental samples.

Figure 3-1—Distribution of Surveys for the FAMIS Program



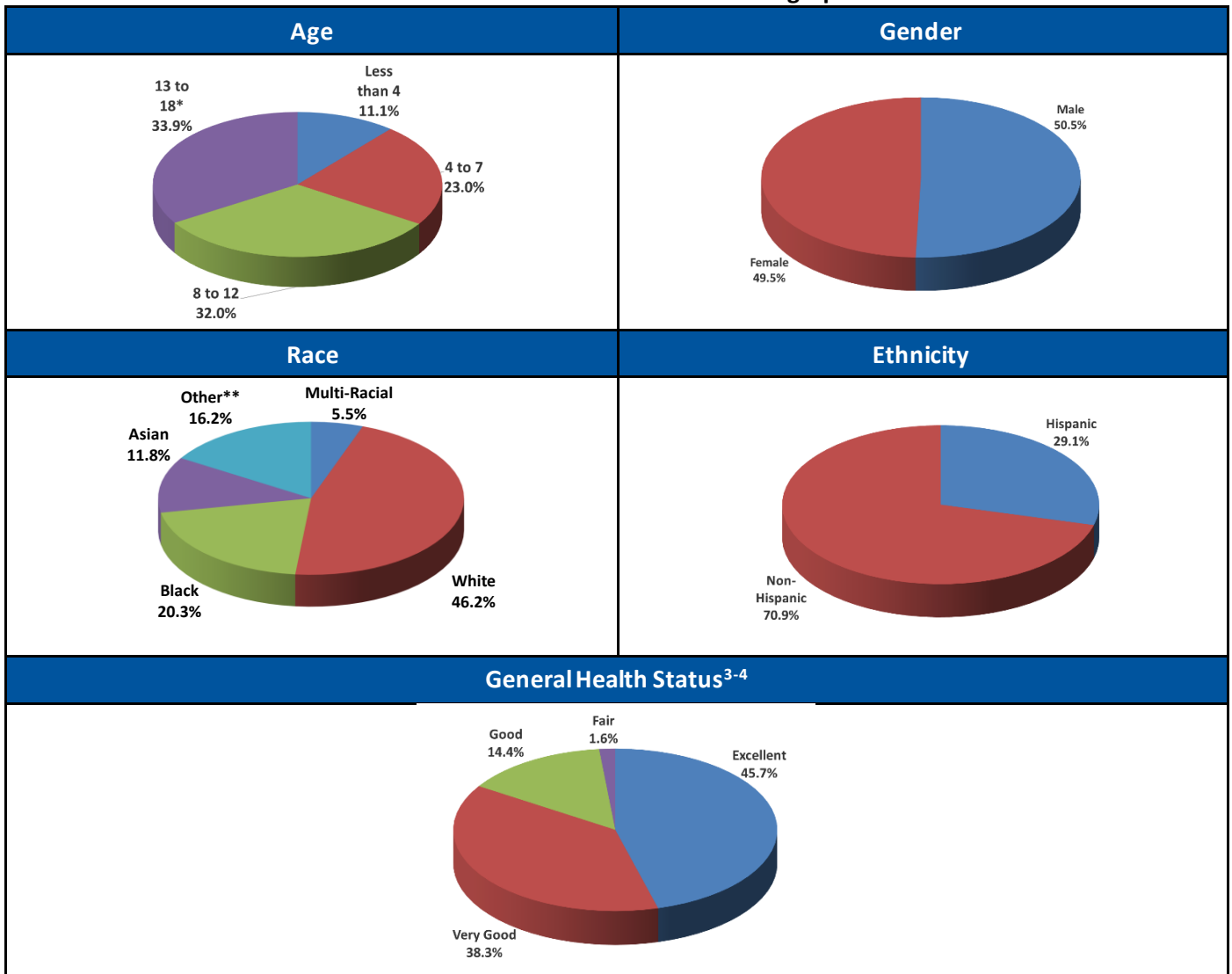
The FAMIS program’s response rate of 21.77 percent was greater than the national child Medicaid response rate reported by NCQA for 2019, which was 18.4 percent.³⁻³

³⁻³ National Committee for Quality Assurance. *HEDIS 2020 Update Survey Vendor Training*. October 10, 2019.

Child and Respondent Demographics

Table 3-1 provides an overview of the demographic characteristics of general child members for whom a parent/caretaker returned a completed survey.

Table 3-1—General Child Member Demographics



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

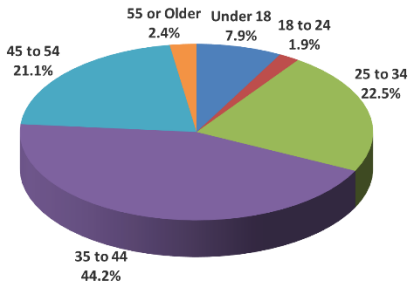
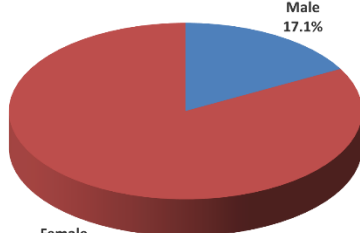
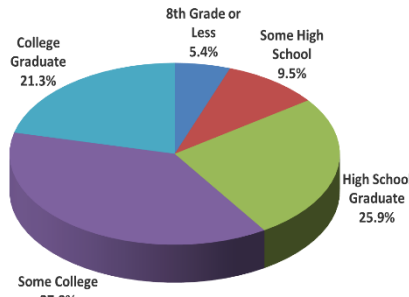
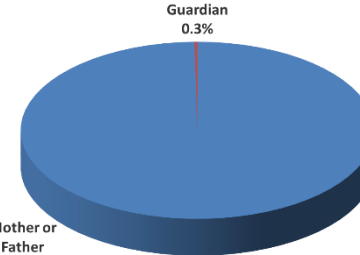
*Children are eligible for inclusion in the Child CAHPS Survey results if they were 17 years of age or younger as of December 31, 2019. Some children eligible for the survey turned age 18 between January 1, 2020, and the time of survey administration.

**The “Other” Race category includes responses of Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.

³⁻⁴ No parents/caretakers of general child members (i.e., child members selected as part of the general child population sample) responded that their child had a general health status of “Poor.”

Table 3-2 provides an overview of the characteristics of parents/caretakers of general child members who responded to the survey.

Table 3-2—Respondent Demographics

| Respondent Age | Respondent Gender | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------------|------------|--------------|-------|----------------------|-------|------------------|-------|------------------|------|-------------------|------|---|--------------|---|------------------|------------|----------------|-------|------|-------|
|  <table border="1"> <caption>Respondent Age Data</caption> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>35 to 44</td> <td>44.2%</td> </tr> <tr> <td>25 to 34</td> <td>22.5%</td> </tr> <tr> <td>45 to 54</td> <td>21.1%</td> </tr> <tr> <td>Under 18</td> <td>7.9%</td> </tr> <tr> <td>18 to 24</td> <td>1.9%</td> </tr> <tr> <td>55 or Older</td> <td>2.4%</td> </tr> </tbody> </table> | Age Group | Percentage | 35 to 44 | 44.2% | 25 to 34 | 22.5% | 45 to 54 | 21.1% | Under 18 | 7.9% | 18 to 24 | 1.9% | 55 or Older | 2.4% |  <table border="1"> <caption>Respondent Gender Data</caption> <thead> <tr> <th>Gender</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>82.9%</td> </tr> <tr> <td>Male</td> <td>17.1%</td> </tr> </tbody> </table> | Gender | Percentage | Female | 82.9% | Male | 17.1% |
| Age Group | Percentage | | | | | | | | | | | | | | | | | | | | |
| 35 to 44 | 44.2% | | | | | | | | | | | | | | | | | | | | |
| 25 to 34 | 22.5% | | | | | | | | | | | | | | | | | | | | |
| 45 to 54 | 21.1% | | | | | | | | | | | | | | | | | | | | |
| Under 18 | 7.9% | | | | | | | | | | | | | | | | | | | | |
| 18 to 24 | 1.9% | | | | | | | | | | | | | | | | | | | | |
| 55 or Older | 2.4% | | | | | | | | | | | | | | | | | | | | |
| Gender | Percentage | | | | | | | | | | | | | | | | | | | | |
| Female | 82.9% | | | | | | | | | | | | | | | | | | | | |
| Male | 17.1% | | | | | | | | | | | | | | | | | | | | |
| Respondent Education Level | Relationship to Child ³⁻⁵ | | | | | | | | | | | | | | | | | | | | |
|  <table border="1"> <caption>Respondent Education Level Data</caption> <thead> <tr> <th>Education Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Some College</td> <td>37.9%</td> </tr> <tr> <td>High School Graduate</td> <td>25.9%</td> </tr> <tr> <td>College Graduate</td> <td>21.3%</td> </tr> <tr> <td>Some High School</td> <td>9.5%</td> </tr> <tr> <td>8th Grade or Less</td> <td>5.4%</td> </tr> </tbody> </table> | Education Level | Percentage | Some College | 37.9% | High School Graduate | 25.9% | College Graduate | 21.3% | Some High School | 9.5% | 8th Grade or Less | 5.4% |  <table border="1"> <caption>Relationship to Child Data</caption> <thead> <tr> <th>Relationship</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Mother or Father</td> <td>99.7%</td> </tr> <tr> <td>Legal Guardian</td> <td>0.3%</td> </tr> </tbody> </table> | Relationship | Percentage | Mother or Father | 99.7% | Legal Guardian | 0.3% | | |
| Education Level | Percentage | | | | | | | | | | | | | | | | | | | | |
| Some College | 37.9% | | | | | | | | | | | | | | | | | | | | |
| High School Graduate | 25.9% | | | | | | | | | | | | | | | | | | | | |
| College Graduate | 21.3% | | | | | | | | | | | | | | | | | | | | |
| Some High School | 9.5% | | | | | | | | | | | | | | | | | | | | |
| 8th Grade or Less | 5.4% | | | | | | | | | | | | | | | | | | | | |
| Relationship | Percentage | | | | | | | | | | | | | | | | | | | | |
| Mother or Father | 99.7% | | | | | | | | | | | | | | | | | | | | |
| Legal Guardian | 0.3% | | | | | | | | | | | | | | | | | | | | |

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

³⁻⁵ No parents/caretakers of general child members (i.e., child members selected a s part of the general child population sample) responded that their relationship to the child was “Grandparent,” “Aunt or uncle,” “Older brother or sister,” “Other relative,” or “Someone else.”

4. General Child Results

The following presents the 2020 CAHPS results for the FAMIS program general child population. For the FAMIS program general child population, a total of 379 completed surveys were returned on behalf of child members. These completed surveys were used to calculate the 2020 general child results presented in this section.

NCQA Comparisons

HSAG compared scores for each measure to NCQA’s 2019 Quality Compass Benchmark and Compare Quality Data.^{4-1,4-2} Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). Table 4-1 shows the FAMIS program’s general child population scores and overall member experience ratings on each measure.

Table 4-1—NCQA Comparisons: General Child Population

| Measure | Score | Star Rating |
|---|--------------------|-------------------|
| Global Ratings | | |
| <i>Rating of Health Plan</i> | 73.6% | ★★★ |
| <i>Rating of All Health Care</i> | 71.5% | ★★★ |
| <i>Rating of Personal Doctor</i> | 76.0% | ★★ |
| <i>Rating of Specialist Seen Most Often</i> | 76.5% ⁺ | ★★★★ ⁺ |
| Composite Measures | | |
| <i>Getting Needed Care</i> | 89.0% | ★★★★★ |
| <i>Getting Care Quickly</i> | 90.8% | ★★★ |
| <i>How Well Doctors Communicate</i> | 95.8% | ★★★★★ |
| <i>Customer Service</i> | 85.7% ⁺ | ★ ⁺ |
| Individual Item Measure | | |

⁴⁻¹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

⁴⁻² Quality Compass 2020 data were not available at the time this report was prepared; therefore, 2019 data were used for comparison.

| Measure | Score | Star Rating |
|---|--------------------|-----------------|
| Coordination of Care | 82.3% ⁺ | ★★ ⁺ |
| <i>Star Assignments Based on Percentiles</i> ★★★★★ 90th or Above ★★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th <i>Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</i> | | |

Trend Analysis

HSAG calculated top-box scores for each measure. The 2020 CAHPS top-box scores were compared to the 2019 NCQA child Medicaid national averages.^{4-3,4-4,4-5} In addition, HSAG compared the 2020 scores to the corresponding 2019 scores. Statistically significant differences are noted with directional triangles. For information on the survey language and response options for the measures, please refer to the Reader’s Guide beginning on page 6-2. For more detailed information regarding the calculation of these measures, please refer to the Reader’s Guide beginning on page 6-6.

For purposes of this report, results are reported for a measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. Measure scores with fewer than 100 respondents are denoted with a cross (+).

⁴⁻³ For the NCQA child Medicaid national averages, the source for data contained in this publication is Quality Compass[®] 2019 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

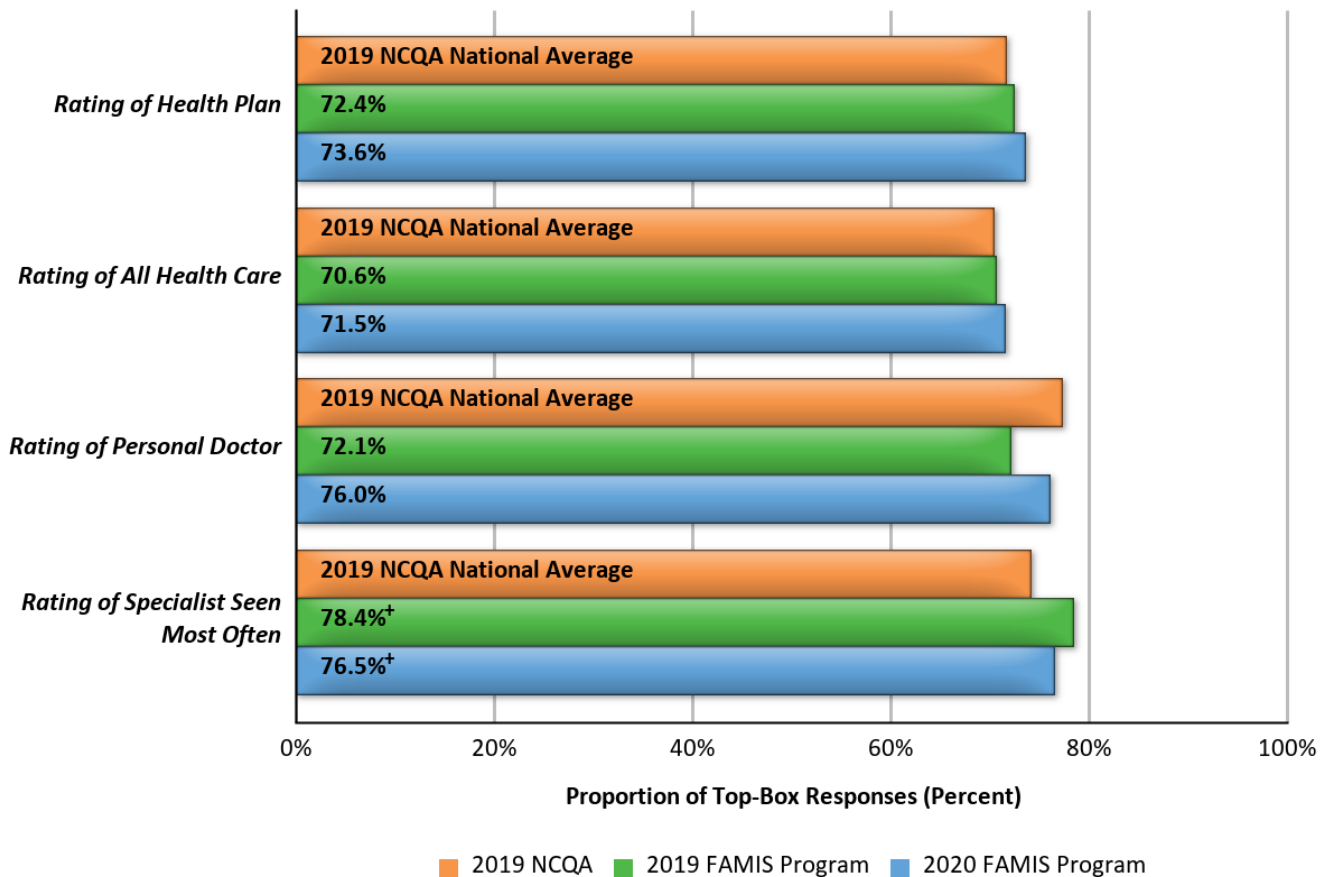
⁴⁻⁴ NCQA national averages for 2020 were not available at the time this report was prepared; therefore, 2019 NCQA national averages are presented in this section.

⁴⁻⁵ NCQA national averages for the child Medicaid population are used for comparative purposes, since NCQA does not publish separate benchmarking data for the CHIP population. Given the potential differences in the demographic makeup of the FAMIS population and services received from the FAMIS program compared to the child Medicaid population, caution should be exercised when interpreting the comparisons to Child Medicaid NCQA Quality Compass Benchmark and Compare Quality Data.

Global Ratings

Figure 4-1 depicts the top-box scores for the global ratings.

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



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

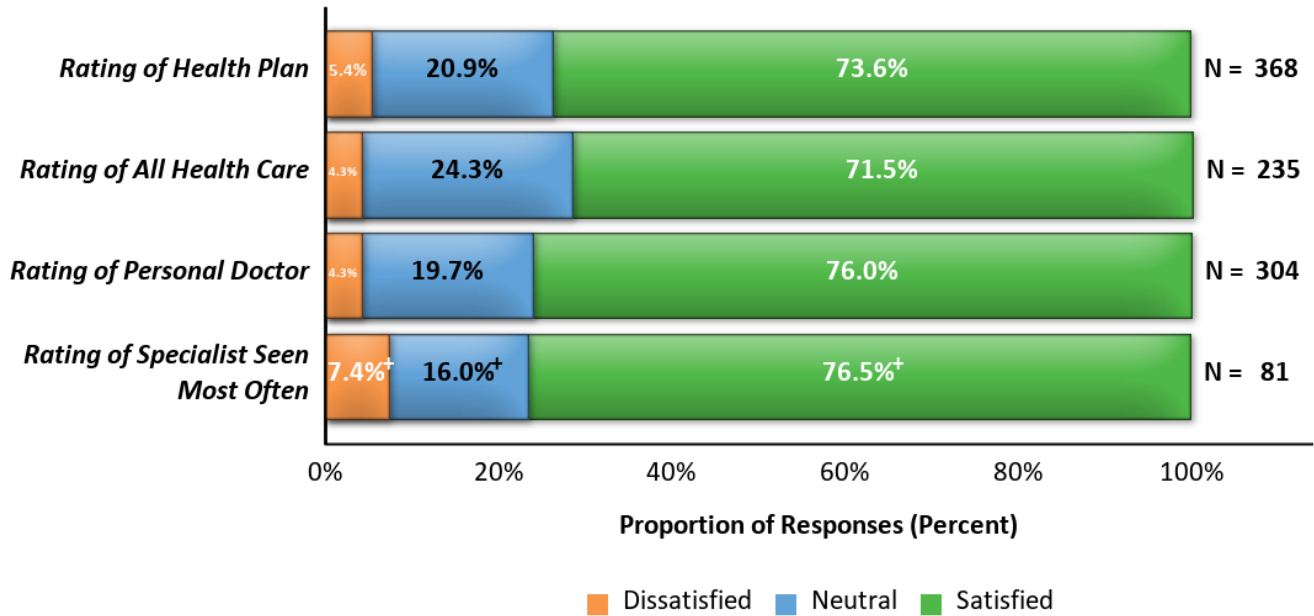
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 4-2 depicts the proportion of respondents who fell into each response category for each global rating.

Figure 4-2—Global Ratings: Proportion of Responses

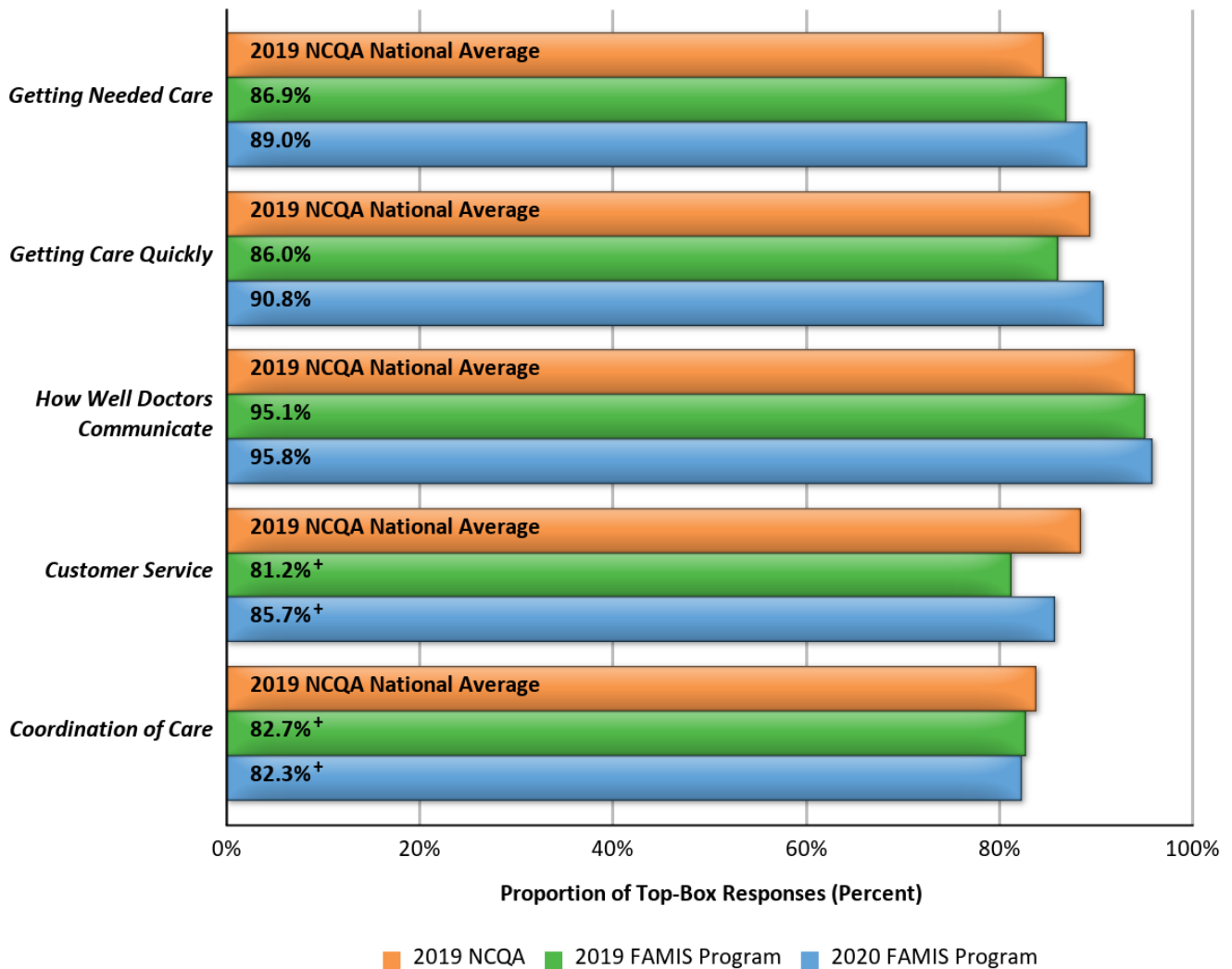


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Composite and Individual Item Measures

Figure 4-3 depicts the top-box scores for the composite and individual item measures.

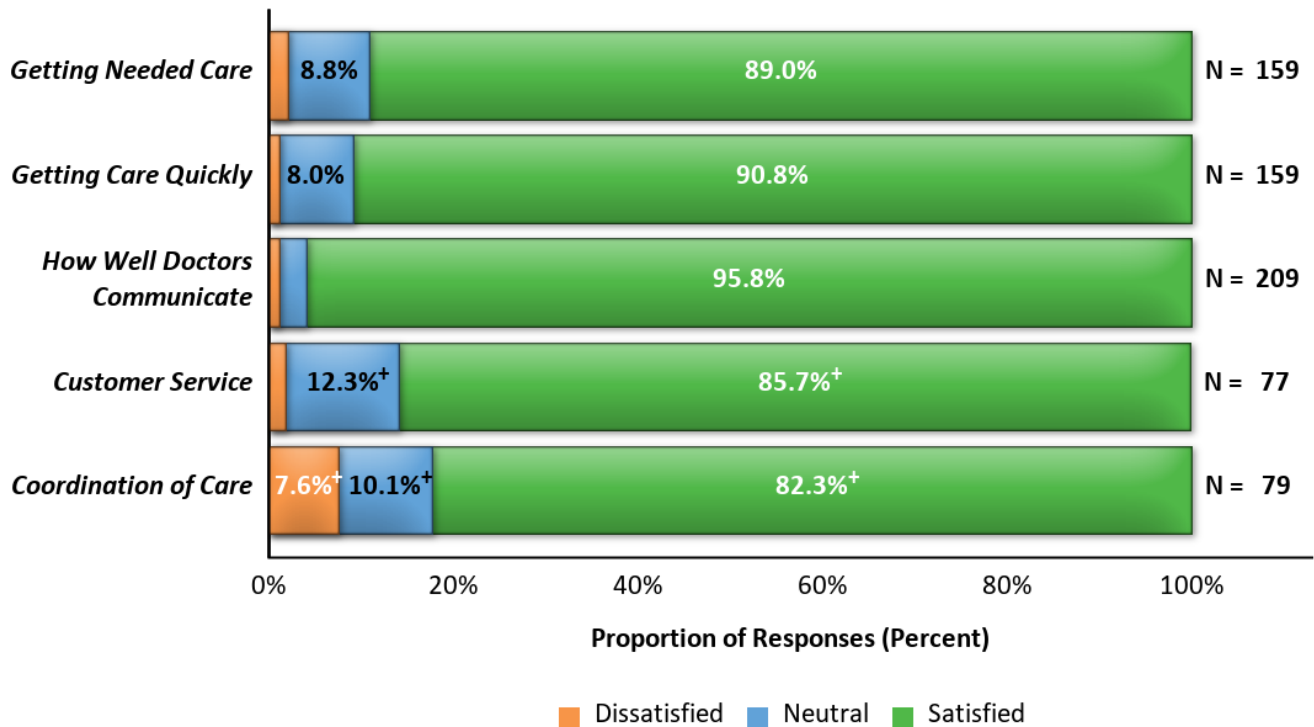
Figure 4-3—Composite and Individual Item Measures: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 4-4 depicts the proportion of respondents who fell into each response category for the composite and individual item measures.

Figure 4-4— Composite and Individual Item Measures: Proportion of Responses



+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Summary of Results

Evaluation of the FAMIS program’s trend analysis for the general child population revealed the following summary results:

- The FAMIS program scored at or above the national average on six measures: *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Specialist Seen Most Often*, *Getting Needed Care*, *Getting Care Quickly*, and *How Well Doctors Communicate*.
- The FAMIS program scored below the national average on three measures: *Rating of Personal Doctor*, *Customer Service*, and *Coordination of Care*.
- The FAMIS program did not score statistically significantly higher or lower in 2020 than in 2019 on any measure.

Key Drivers of Member Experience

HSAG performed an analysis of key drivers of member experience for the following measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*.⁴⁻⁶ Key drivers of member experience are defined as those items for which an odds ratio that is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to the Reader’s Guide section on page 6-9. Table 4-2 depicts those items identified for each of the three measures as being key drivers of member experience for the FAMIS program.

Table 4-2—Key Drivers of Member Experience

| Key Drivers | Odds Ratio Estimates | | |
|--|------------------------------|----------------------------------|----------------------------------|
| | <i>Rating of Health Plan</i> | <i>Rating of All Health Care</i> | <i>Rating of Personal Doctor</i> |
| Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed? | NS | 2.6 | NS |
| Q32. In the last 6 months, how often did your child’s personal doctor spend enough time with your child? | NS | 4.7 | 7.6 |
| Q45. In the last 6 months, how often did customer service at your child’s health plan give you the information or help you needed? | 6.6 | NS | NA |
| <i>NA indicates that this question was not evaluated for this measure. NS indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for this question does not significantly affect their rating.</i> | | | |

⁴⁻⁶ The Key Drivers of Member Experience analysis was limited to the responses of parents/caretakers of child members selected from the general child population (i.e., responses from the general child sample).

5. Children with Chronic Conditions Results

Chronic Conditions Classification

A series of questions included in the CAHPS 5.0 Child Medicaid Health Plan Survey with the CCC measurement set was used to identify children with chronic conditions (i.e., CCC screener questions). This series contains five sets of survey questions that focus 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 needed or used prescription medicine.
- Child needed or used more medical care, mental health services, or educational services than other children of the same age need or use.
- Child had limitations in the ability to do what other children of the same age do.
- Child needed or used special therapy.
- Child needed or used mental health treatment or therapy.

The survey responses for child members in both the general child sample and the CCC supplemental sample were analyzed to determine which child members had chronic conditions. Therefore, the general population of children (i.e., the general child sample) included children with and without chronic conditions based on the responses to the survey questions.

Based on parents'/caretakers' responses to the CCC screener questions, the FAMIS program had 285 completed surveys for the population of children with chronic conditions. These completed surveys were used to calculate the 2020 CCC results presented in this section.

NCQA Comparisons

HSAG compared scores for each measure to NCQA’s 2019 Quality Compass Benchmark and Compare Quality Data.^{5-1,5-2} Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). Table 5-1 shows the FAMIS program’s CCC population scores and overall member experience ratings on each measure.

Table 5-1—NCQA Comparisons: CCC Population

| Measure | Score | Star Rating |
|--|--------------------|-----------------|
| Global Ratings | | |
| <i>Rating of Health Plan</i> | 67.9% | ★★ |
| <i>Rating of All Health Care</i> | 70.7% | ★★★★ |
| <i>Rating of Personal Doctor</i> | 75.7% | ★★ |
| <i>Rating of Specialist Seen Most Often</i> | 73.2% | ★★ |
| Composite Measures | | |
| <i>Getting Needed Care</i> | 89.6% | ★★★★ |
| <i>Getting Care Quickly</i> | 92.2% | ★★ |
| <i>How Well Doctors Communicate</i> | 95.7% | ★★★★★ |
| <i>Customer Service</i> | 85.6% ⁺ | ★ ⁺ |
| Individual Item Measure | | |
| <i>Coordination of Care</i> | 80.3% | ★ |
| CCC Composite Measures/CCC Items | | |
| <i>Access to Specialized Services</i> | 69.0% ⁺ | ★ ⁺ |
| <i>FCC: Personal Doctor Who Knows Child</i> | 88.9% | ★ |
| <i>Coordination of Care for Children with Chronic Conditions</i> | 75.4% ⁺ | ★★ ⁺ |
| <i>FCC: Getting Needed Information</i> | 92.8% | ★★★★ |
| <i>Access to Prescription Medicines</i> | 90.4% | ★★ |
| <i>Star Assignments Based on Percentiles</i> | | |
| ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th | | |
| <i>Please note: CAHPS scores with fewer than 100 respondents are denoted with a cross (+). If there are fewer than 100 respondents for a CAHPS measure, caution should be exercised when interpreting these results.</i> | | |

⁵⁻¹ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

⁵⁻² Quality Compass 2020 data were not available at the time this report was prepared; therefore, 2019 data were used for comparison.

Trend Analysis

HSAG calculated top-box scores for each measure. The 2020 CAHPS top-box scores were compared to the 2019 NCQA child Medicaid national averages.^{5-3,5-4,5-5} In addition, HSAG compared the 2020 scores to the corresponding 2019 scores. Statistically significant differences are noted with directional triangles. For information on the survey language and response options for the measures, please refer to the Reader's Guide beginning on page 6-2. For more detailed information regarding the calculation of these measures, please refer to the Reader's Guide beginning on page 6-6.

For purposes of this report, results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents. CAHPS scores with fewer than 100 respondents are denoted with a cross (+).

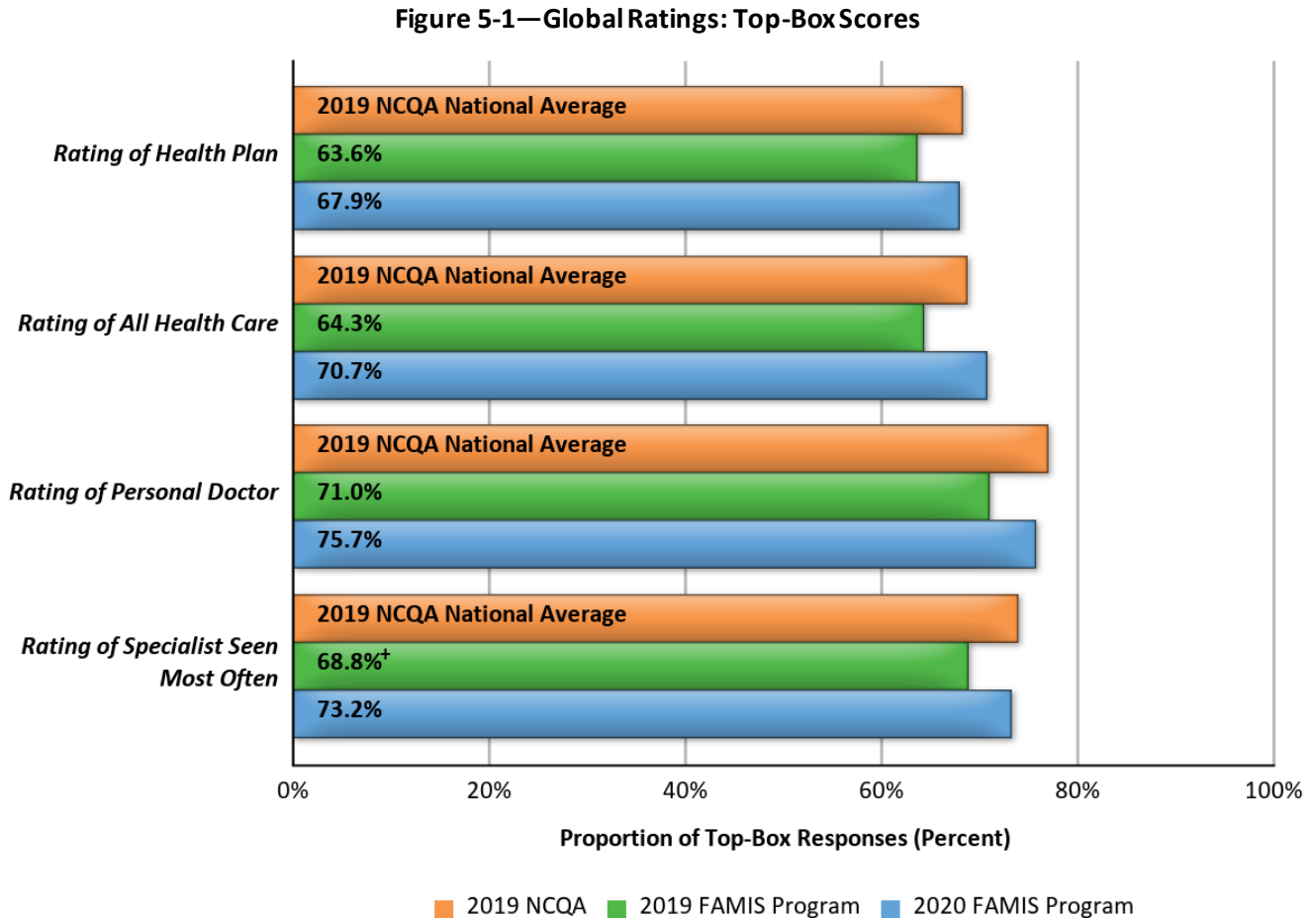
⁵⁻³ For the NCQA CCC Medicaid national averages, the source for data contained in this publication is Quality Compass[®] 2019 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2019 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

⁵⁻⁴ NCQA national averages for 2020 were not available at the time this report was prepared; therefore, 2019 NCQA national averages are presented in this section.

⁵⁻⁵ NCQA national averages for the CCC Medicaid population are used for comparative purposes since NCQA does not publish separate benchmarking data for the CHIP population. Given the potential differences in the demographic makeup of the CCC FAMIS population and services received from the FAMIS program compared to the CCC Medicaid population, caution should be exercised when interpreting the comparisons to CCC Medicaid NCQA Quality Compass Benchmark and Compare Quality Data.

Global Ratings

Figure 5-1 depicts the top-box scores for the global ratings.



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.

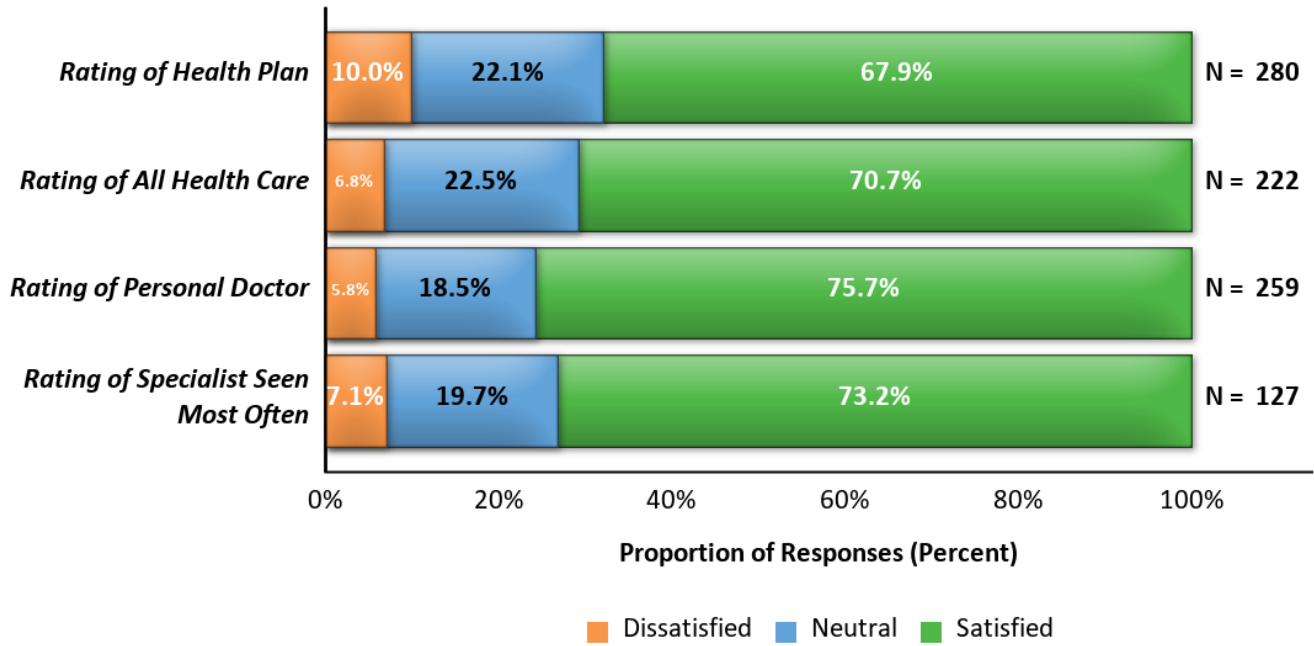
▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.

If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 5-2 depicts the proportion of respondents who fell into each response category for each global rating.

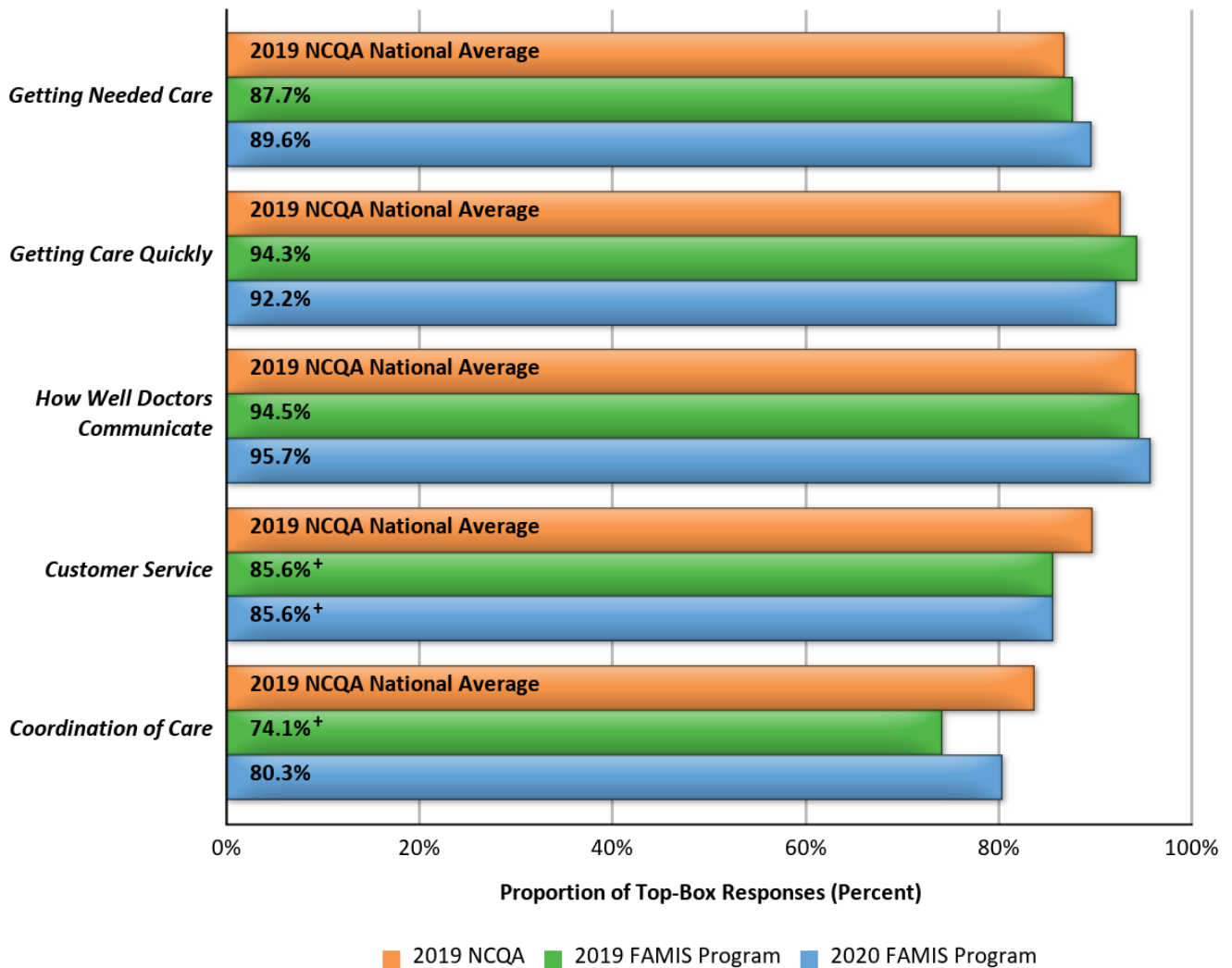
Figure 5-2—Global Ratings: Proportion of Responses



Composite and Individual Item Measures

Figure 5-3 depicts the top-box scores for the composite and individual item measures.

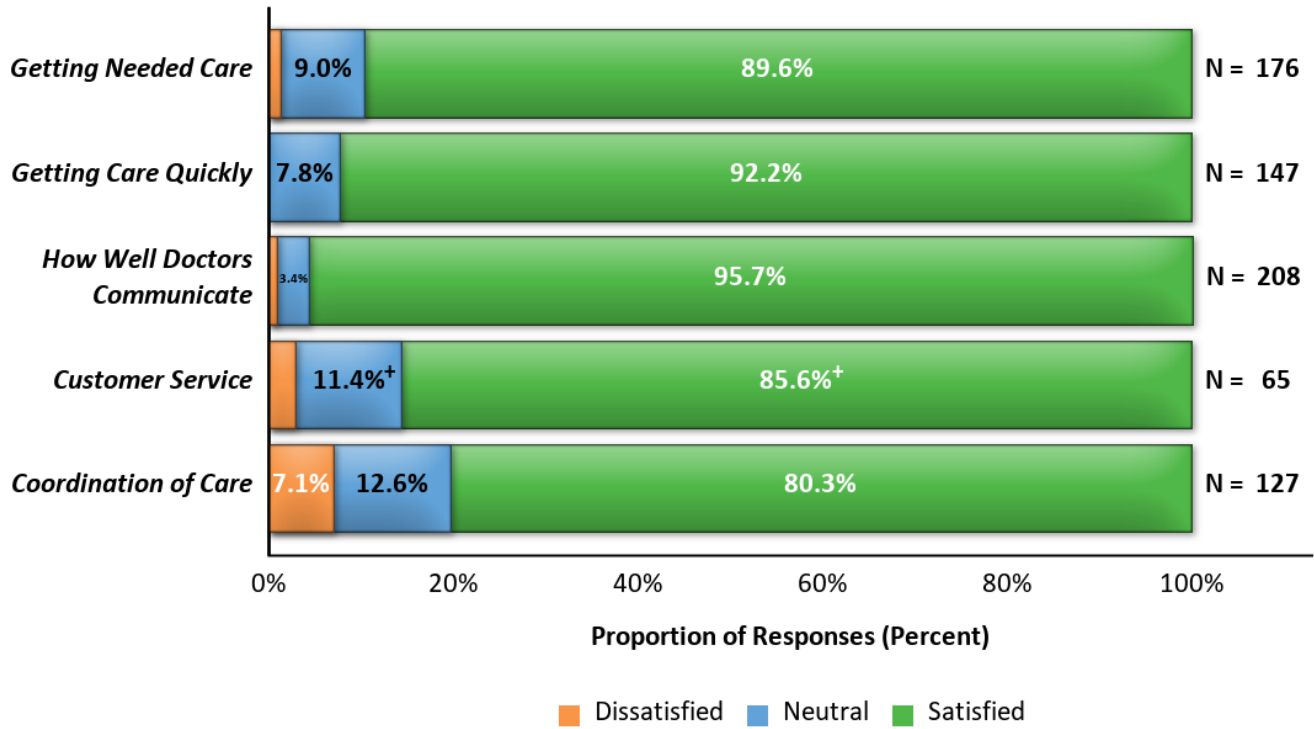
Figure 5-3—Composite and Individual Item Measures: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 5-4 depicts the proportion of respondents who fell into each response category for the composite and individual item measures.

Figure 5-4— Composite and Individual Item Measures: Proportion of Responses

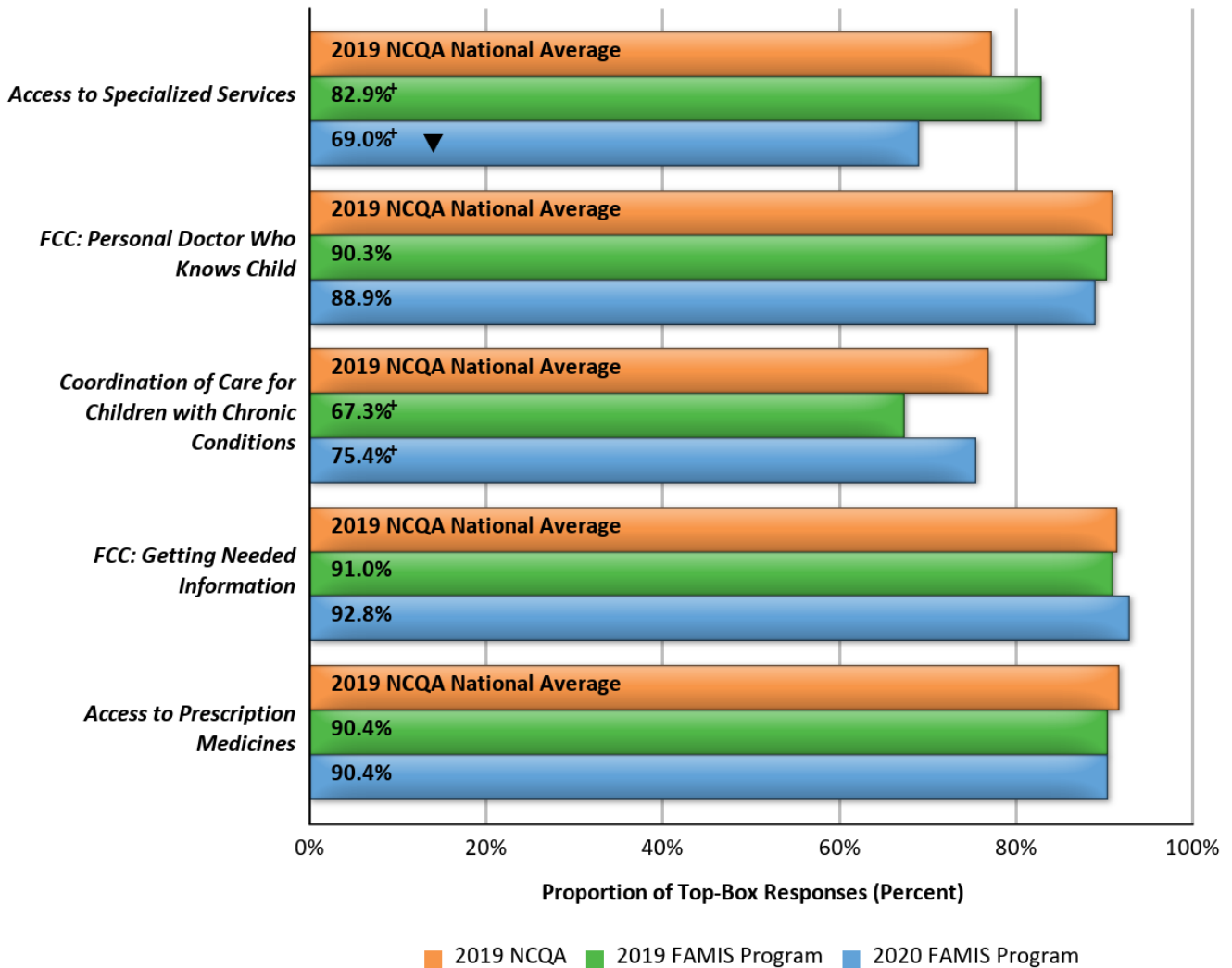


+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

CCC Composites and Items

Figure 5-5 depicts the top-box scores for the CCC composites and items.

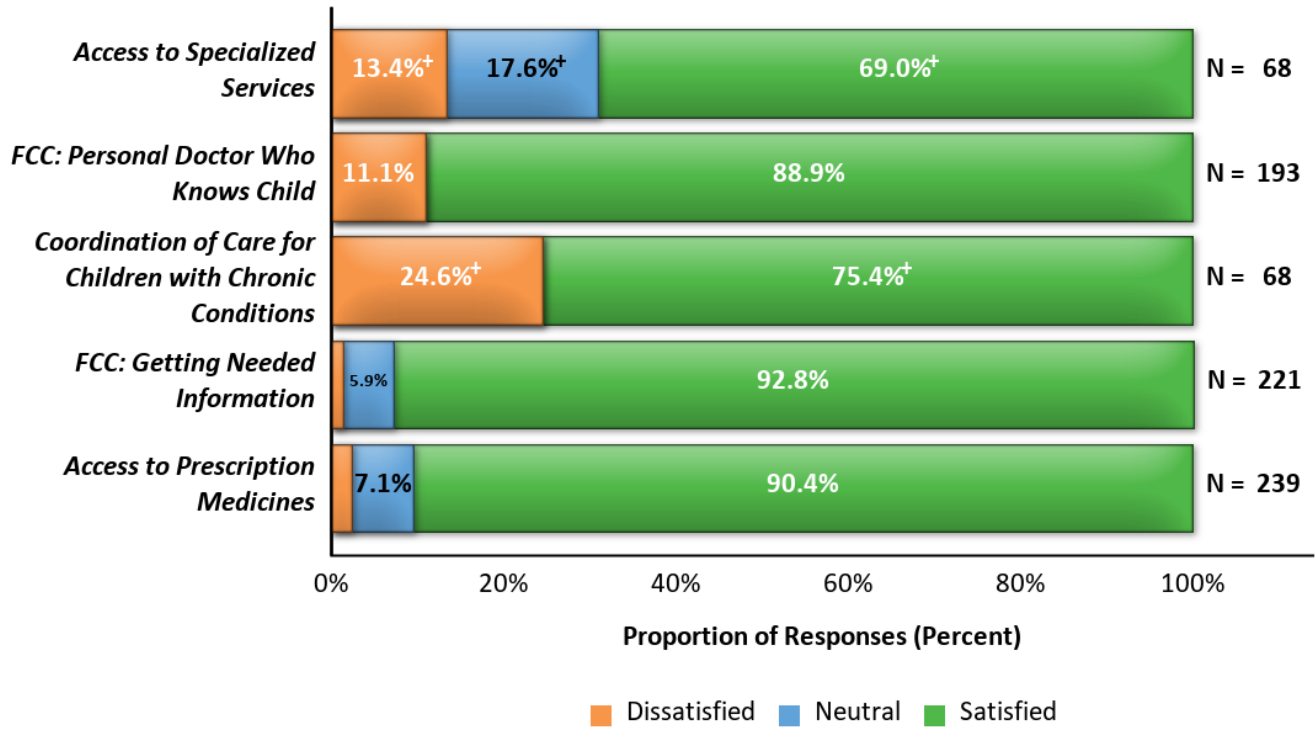
Figure 5-5— CCC Composites and Items: Top-Box Scores



Statistical Significance Note: ▲ Indicates the 2020 score is statistically significantly higher than the 2019 score.
 ▼ Indicates the 2020 score is statistically significantly lower than the 2019 score.
 If no statistically significant differences were found, no indicator (▲ or ▼) appears on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Figure 5-6 depicts the proportion of respondents who fell into each response category for each CCC composite and item measure.

Figure 5-6—CCC Composites and Items: Proportion of Responses



+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Summary of CCC Results

Evaluation of the FAMIS program's trend analysis for the CCC population revealed the following summary results:

- The FAMIS program scored at or above the national average on four measures: *Rating of All Health Care, Getting Needed Care, How Well Doctors Communicate, and FCC: Getting Needed Information.*
- The FAMIS program scored below the national average on 10 measures: *Rating of Health Plan, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Care Quickly, Customer Service, Coordination of Care, Access to Specialized Services, FCC: Personal Doctor Who Knows Child, Coordination of Care for Children with Chronic Conditions, and Access to Prescription Medicines.*
- The FAMIS program did not score statistically significantly higher in 2020 than in 2019 on any of the measures.
- The FAMIS program scored statistically significantly lower in 2020 than in 2019 on one measure, *Access to Specialized Services.*

This section provides a comprehensive overview of CAHPS, including the survey administration protocol and analytic methodology. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the CAHPS results presented in this report.

Survey Administration

Survey Overview

The survey instrument selected was the CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and the CCC measurement set. The CAHPS 5.0 Health Plan Surveys are a set of standardized surveys that assess patient perspectives on care. The sampling and data collection procedures for the CAHPS 5.0 Health Plan Surveys are designed to capture accurate and complete information about consumer-reported experiences with health care. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting data.

The CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item set and CCC measurement set includes 76 core questions that yield 14 measures of experience. These measures include four global rating questions, four composite measures, one individual item measure, and five CCC composite measures/items. The global measures (also referred to as global ratings) reflect members' overall experience with the health plan, health care, personal doctors, and specialists. The composite measures are sets of questions grouped together to address different aspects of care (e.g., *Getting Needed Care* or *Getting Care Quickly*). The individual item measure is an individual question that looks at a specific area of care (i.e., *Coordination of Care*). The CCC composite measures and items are sets of questions and individual questions that look at different aspects of care and health care needs for the CCC population (e.g., *Access to Prescription Medicines* or *Coordination of Care for Children with Chronic Conditions*).

Table 6-1 lists the measures included in the survey.

Table 6-1—CAHPS Measures

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

Table 6-2 presents the survey language and response options for each measure.

Table 6-2—Question Language and Response Options

| Question Language | Response Options |
|--|-----------------------------------|
| Global Ratings | |
| <i>Rating of Health Plan</i> | |
| 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 |
| <i>Rating of All Health Care</i> | |
| 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 |
| <i>Rating of Personal Doctor</i> | |
| 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 |
| <i>Rating of Specialist Seen Most Often</i> | |
| 43. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? | 0–10 Scale |
| Composite Measures | |
| <i>Getting Needed Care</i> | |
| 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 an appointment for your child to see a specialist as soon as you needed? | Never, Sometimes, Usually, Always |
| <i>Getting Care Quickly</i> | |

| Question Language | Response Options |
|---|-----------------------------------|
| 4. In the last 6 months, when your child needed care right a way, how often did your child get care as soon as he or she needed? | Never, Sometimes, Usually, Always |
| 6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an a ppointment as soon as your child needed? | Never, Sometimes, Usually, Always |
| How Well Doctors Communicate | |
| 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 |
| Customer Service | |
| 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 |
| Individual Item Measure | |
| Coordination of Care | |
| 35. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers? | Never, Sometimes, Usually, Always |
| Children with Chronic Conditions Composite and Items | |
| Access to Specialized Services | |
| 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 |
| FCC: Personal Doctor Who Knows Child | |
| 33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or beha ving? | 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 family's day-to-day life? | Yes, No |
| Coordination of Care for Children with Chronic Conditions | |
| 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 |

| Question Language | Response Options |
|---|-----------------------------------|
| 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 |
| Access to Prescription Medicines | |
| 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 |
| FCC: Getting Needed Information | |
| 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 |

Sampling Procedures

The members eligible for sampling included those who were FAMIS program members at the time the sample was drawn and who were continuously enrolled for at least five of the last six months (July through December) of 2019. The members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2019).

For the CAHPS 5.0 Child Medicaid Health Plan Survey (with the CCC measurement set), the standard NCQA specifications for survey measures require a sample size of 1,650 for the general population and 1,840 for the CCC supplemental population (for a total of 3,490 child members). First, a random sample of 1,650 child members was selected for the general child sample, which represents the general population of children. After selecting child members for the general child sample, a sample of 1,840 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.

HSAG inspected the file records to check for any apparent problems with the files, such as missing address elements. The records from the sample were passed through the United States Postal Service's National Change of Address (NCOA) system to obtain new addresses for members who had moved (if they had given the Postal Service a new address). The survey samples were random samples with no more than one member being selected per household.

Survey Protocol

The survey administration protocol employed was a mail only methodology. A cover letter and survey questionnaire were mailed to all sampled members. Members who were identified as Spanish speaking through administrative data were mailed a Spanish version of the survey. Members that were not identified as Spanish speaking received an English version of the survey. The cover letter included with the English version of the survey had a Spanish cover letter on the back-side informing members that they could call the toll-free number to request a Spanish version of the CAHPS questionnaire. The cover letter provided with the Spanish version of the CAHPS questionnaire had an English cover letter on the back-side informing members that they could call the toll-free number to request an English version of

the CAHPS questionnaire. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder, and a third survey mailing.⁶⁻¹

The name of the program appeared in the questionnaires and letters; the letters had 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. Table 6-3 shows the timeline used for the survey administration. The timeline is based on NCQA HEDIS Specifications for Survey Measures.⁶⁻²

Table 6-3—Survey Timeline

| Task | Timeline |
|--|----------|
| Send first questionnaire with cover letter to the parent/caretaker of the child member. | 0 days |
| Send a postcard reminder to non-respondents seven days after mailing the first questionnaire. | 7 days |
| Send a second questionnaire (and letter) to non-respondents 28 days after mailing the first questionnaire. | 28 days |
| Send a second postcard reminder to non-respondents seven days after mailing the second questionnaire. | 35 days |
| Send a third questionnaire (and letter) to non-respondents 49 days after mailing the second questionnaire. | 77 days |
| Survey field closes 29 days after mailing the third questionnaire. | 106 days |

Methodology

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS Specifications for Survey Measures to generate the results for the FAMIS program’s general child and CCC populations. Based on NCQA’s recommendations and HSAG’s extensive experience evaluating CAHPS data, HSAG performed a number of analyses to comprehensively assess members’ experience with the FAMIS program. This section provides an overview of the analyses.

Response Rates

The administration of the survey is comprehensive and is designed to achieve the highest possible response rate. NCQA defines the response rate as the total number of completed surveys divided by all

⁶⁻¹ The telephone phase of the survey field was not implemented for non-respondents as scheduled due to guidelines outlined by President Trump’s declaration of a national emergency in response to the Coronavirus (COVID-19) outbreak in the United States in March 2020.

⁶⁻² National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

eligible members of the sample.⁶⁻³ A survey is assigned a disposition code of “completed” if at least three of the following five questions were answered: 3, 25, 40, 44, and 49. Eligible members include the entire sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: were deceased, were invalid (did not meet criteria described on page 6-4), or had a language barrier.

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

Child and Respondent Demographics

The demographic analysis evaluated child and self-reported demographic information from survey respondents. The demographic characteristics of child members included age, gender, race, ethnicity, and general health status. Self-reported respondent demographic information included age, gender, education level, and relationship to the child.

In general, the demographics of a response group may influence members’ overall experience scores. For example, parents/caretakers of older and healthier child members tend to report higher levels of member experience; therefore, it is important to evaluate all results in the context of the actual respondent population.⁶⁻⁴ If the respondent population differs significantly from the actual population of the program, then caution must be exercised when extrapolating the results to the entire population.

General Child and Children with Chronic Conditions Results

For purposes of calculating the general child and CCC results, HSAG calculated top-box scores for each measure following NCQA HEDIS Specifications for Survey Measures.⁶⁻⁵ The scoring of each measure 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.
- “Usually” or “Always” for the *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service* composite measures; the *Coordination of Care* individual item measure; the *Access to Specialized Services* CCC composite measure; and the *FCC: Getting Needed Information* and *Access to Prescription Medicines* CCC items.

⁶⁻³ National Committee for Quality Assurance. *HEDIS® 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

⁶⁻⁴ Agency for Healthcare Research and Quality. *CAHPS Health Plan Survey and Reporting Kit 2008*. Rockville, MD: U.S. Department of Health and Human Services, July 2008.

⁶⁻⁵ National Committee for Quality Assurance. *HEDIS® 2020 Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2019.

- “Yes” for the *FCC: Personal Doctor Who Knows Child and Coordination of Care for Children with Chronic Conditions* CCC composite measures.

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated in order to determine the top-box scores. For the global ratings and individual items, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items’ top-box scores). For additional detail, please refer to the *NCQA HEDIS 2020 Specifications for Survey Measures, Volume 3*.

Proportion of Responses

For the general child and CCC populations, responses were classified into categories and the proportion (or percentage) of respondents that fell into each response category was calculated 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 measures with a top-box response of “Usually/Always,” responses were classified into three categories:

- Satisfied—Usually/Always
- Neutral—Sometimes
- Dissatisfied—Never

For measures with a top-box response of “Yes,” responses were classified into two categories:

- Satisfied—Yes
- Dissatisfied—No

For purposes of this report, HSAG presented results for a measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Therefore, caution should be exercised when interpreting results for those measures with fewer than 100 respondents, which are denoted with a cross (+).

NCQA Comparisons

For the general child and CCC populations, HSAG compared each measure's top-box scores to NCQA Quality Compass Benchmark and Compare Quality Data to derive the overall member experience ratings (i.e., star ratings) for each measure.⁶⁻⁶ Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure using the percentile distributions shown in Table 6-4.

Table 6-4—Star Ratings

| Stars | Percentiles |
|--------------------|---|
| ★★★★★ Excellent | At or above the 90th percentile |
| ★★★★ Very Good | At or between the 75th and 89th percentiles |
| ★★★ Good | At or between the 50th and 74th percentiles |
| ★★ Fair | At or between the 25th and 49th percentiles |
| ★ Poor | Below the 25th percentile |

Trend Analysis

HSAG performed a *t* test to determine whether results in 2020 were statistically significantly different from results in 2019. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance.

Scores that were statistically significantly higher in 2020 than in 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2020 than in 2019 are noted with black downward (▼) triangles. Scores in 2020 that were not statistically significantly different from scores in 2019 are not noted with triangles.

⁶⁻⁶ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2019*. Washington, DC: NCQA, September 2019.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for the following three global ratings: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. The purpose of the key drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement activities.

Table 6-5 depicts the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

Table 6-5—Correlation Matrix

| Question Number | Rating of Health Plan | Rating of Specialist Seen Most Often | Rating of All Health Care | Baseline Response |
|---|-----------------------|--------------------------------------|---------------------------|-------------------|
| Q4. Child Got Care as Soon as Needed | ✓ | ✓ | ✓ | Always |
| Q6. Child Got Appointment as Soon as Needed | ✓ | ✓ | ✓ | Always |
| Q10. Got Care, Tests, or Treatment Child Needed | ✓ | ✓ | ✓ | Always |
| Q27. Doctor Explained Things in Understandable Way | ✓ | ✓ | ✓ | Always |
| Q28. Doctor Listened Carefully | ✓ | ✓ | ✓ | Always |
| Q29. Doctor Showed Respect | ✓ | ✓ | ✓ | Always |
| Q31. Doctor Explained Things in a Way Their Child Could Understand | ✓ | ✓ | ✓ | Always |
| Q32. Doctor Spent Enough Time with Child | ✓ | ✓ | ✓ | Always |
| Q33. Doctor Talked About How Child is Feeling, Growing, or Behaving | ✓ | ✓ | ✓ | Yes |
| Q35. Doctor Seemed Informed and Up-to-Date About Child's Care | ✓ | ✓ | ✓ | Always |
| Q41. Got Appointment for Specialist as Soon as Needed | ✓ | ✓ | | Always |
| Q45. Got Information or Help Needed from Customer Service | ✓ | ✓ | | Always |
| Q46. Treated with Courtesy and Respect by Customer Service Staff | ✓ | ✓ | | Always |
| Q48. Forms Easy to Fill Out | ✓ | ✓ | | Always |

HSAG measured each global rating's performance by assigning the responses into a two-point scale as follows:

- 0 to 8 = 1 (Dissatisfied/Neutral)
- 9 to 10 = 2 (Satisfied)

For each item evaluated, HSAG assigned 2 to each item's baseline response and 1 to each item's other responses. HSAG calculated the relationship between the item's response and performance on each of the three measures using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, from two observed ordinal variables. HSAG then prioritized items based on their correlation to each measure.

The correlation can range from -1 to 1, with negative values indicating an inverse relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of correlation is used in the analysis, and the range is 0 to 1. A zero indicates no relationship between the response to a question and the member's experience. As the value of correlation increases, the importance of the question to the respondent's overall experience increases.

After prioritizing items based on their correlation to each measure, HSAG estimated the odds ratio, which is used to quantify respondents' tendency to choose a lower rating over a higher rating based on their responses to the evaluated items. The odds ratio can range from 0 to infinity. Key drivers are those items for which the odds ratio is statistically significantly greater than 1. If a response to an item has an odds ratio value that is statistically significantly greater than 1, then a respondent who provides a response other than the baseline (i.e., "Always" or "Yes") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provided a non-baseline response to choose a lower rating increases.

In the example table below, the results indicate that parents/caretakers who answered "Never," "Sometimes," or "Usually" to question 10 are 3.6 more likely to provide a Dissatisfied/Neutral rating, rather than Satisfied rating, for their child's health plan than respondents who answered "Always."

| Key Drivers | Odds Ratio Estimates |
|--|-----------------------|
| | Rating of Health Plan |
| Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed? | 3.6 |

Limitations and Cautions

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

Benchmarks

NCQA does not publish separate Quality Compass benchmarks for the CHIP population; therefore, NCQA's benchmarks for the Medicaid population were used to derive the overall member experience ratings. Given the potential differences in the demographic make-up of the FAMIS population and services received from the FAMIS program compared to the Medicaid population, caution should be exercised when interpreting the results of the NCQA Comparisons analysis (i.e., star ratings) and comparisons of the top-box scores to the 2019 NCQA child and CCC Medicaid national averages.

Causal Inferences

Although this report examines whether parents/caretakers report different experiences in various aspects of the child member's health care, these differences may not be completely attributable to the FAMIS program. The survey by itself does not necessarily reveal the exact cause of these differences.

COVID-19 Impact

Due to guidelines outlined by President Trump's declaration of a national emergency in March 2020 in response to the coronavirus disease 2019 (COVID-19) outbreak in the United States, the survey administration protocol was updated from a mixed-mode methodology (i.e., mail followed by telephone follow-up [CATI]) to a mail-only methodology with a third questionnaire and cover letter being mailed to non-respondents. In addition, members' perceptions of and experiences with the health care system may have been impacted due to the COVID-19 pandemic. Therefore, caution should be exercised when evaluating the results as the number of completed surveys and experience of members may have been impacted.

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. Therefore, the potential for non-response bias should be considered when interpreting CAHPS results.

7. Survey Instrument

The survey instrument selected was the CAHPS 5.0 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 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 1-800-837-3142.

SURVEY INSTRUCTIONS

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

Correct
Mark 

Incorrect
Marks 

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

Yes ➔ *Go to Question 1*
 No

↓ START HERE ↓

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

1. Our records show that your child is now in the Family Access to Medical Insurance Security (FAMIS) Program. Is that right?

Yes ➔ *Go to Question 3*
 No

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



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

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

3. In the last 6 months, did your child have an illness, injury, or condition that **needed care right away** in a clinic, emergency room, or doctor's office?

- Yes
- No → *Go to Question 5*

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 7*

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

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, **not** counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

- None → *Go to Question 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?

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

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 see 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, 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 to see a specialist?

- Yes
- No → *Go to Question 44*

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

- Never
- Sometimes
- Usually
- Always

42. How many specialists has your child seen 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 saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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*



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

- Never
- Sometimes
- Usually
- Always

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

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

PRESCRIPTION MEDICINES

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

- Yes
- No → Go to Question 53

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

ABOUT YOUR CHILD AND YOU

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Yes
- No → Go to Question 58

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

- Yes
- No → Go to Question 58

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

- Yes
- No

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

- Yes
- No → Go to Question 61

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

- Yes
- No → Go to Question 61

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

- Yes
- No

61. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- Yes
- No → Go to Question 64



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

- Yes
- No → *Go to Question 64*

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

- Yes
- No

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

- Yes
- No → *Go to Question 67*

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

- Yes
- No → *Go to Question 67*

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

- Yes
- No

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

- Yes
- No → *Go to Question 69*

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

- Yes
- No

69. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

70. Is your child male or female?

- Male
- Female

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

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

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

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

73. What is your age?

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

74. Are you male or female?

- Male
- Female

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

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

76. How are you related to the child?

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



ADDITIONAL QUESTIONS

77. In the last 6 months, did you have any questions or concerns about your child's health or health care?

- Yes
- No → Go to Question 80

78. In the last 6 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?

- Never
- Sometimes
- Usually
- Always
- My child did not receive health care in the last 6 months

79. In the last 6 months, how often did you get the specific information you needed from your child's doctors or other health providers?

- Never
- Sometimes
- Usually
- Always
- My child did not receive health care in the last 6 months

80. In the last 6 months, how many days did you usually have to wait for an appointment when your child needed care right away?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- More than 7 days
- My child did not receive health care in the last 6 months

81. In the last 6 months, how many days did you usually have to wait for an appointment for a check-up or routine care for your child?

- Same day
- 1 day
- 2 to 3 days
- 4 to 7 days
- 8 to 14 days
- 15 to 30 days
- More than 30 days
- My child did not receive health care 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**

