

2015 Illinois Department of Healthcare and Family Services Child Medicaid Health Plan CAHPS® Report

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Introduction

The Illinois Department of Healthcare and Family Services (HFS) periodically assesses the perceptions and experiences of members enrolled in the All Kids (i.e., Title XXI) and the Illinois Medicaid (i.e., Title XIX) programs as part of its process for evaluating the quality of health care services provided to child members in the Illinois Statewide Medicaid Program. HFS contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) Health Plan Survey for the Illinois Statewide Medicaid Program.^{1-1,1-2} The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and that will aid in improving overall member satisfaction.

This report presents the 2015 child Medicaid CAHPS results based on responses of parents or caretakers who completed the survey on behalf of child members enrolled in the All Kids or Illinois Medicaid programs. The surveys were completed from March to June 2015. 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.¹⁻³

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

¹⁻² The Illinois Statewide Program Aggregate results presented throughout this report represent the results of the All Kids (i.e., Title XXI) and Illinois Medicaid (i.e., Title XIX) programs combined.

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

Survey Demographics

Figure 1-1 provides an overview of the Illinois Statewide Aggregate Program (i.e., All Kids and Illinois Medicaid combined) child member demographics.

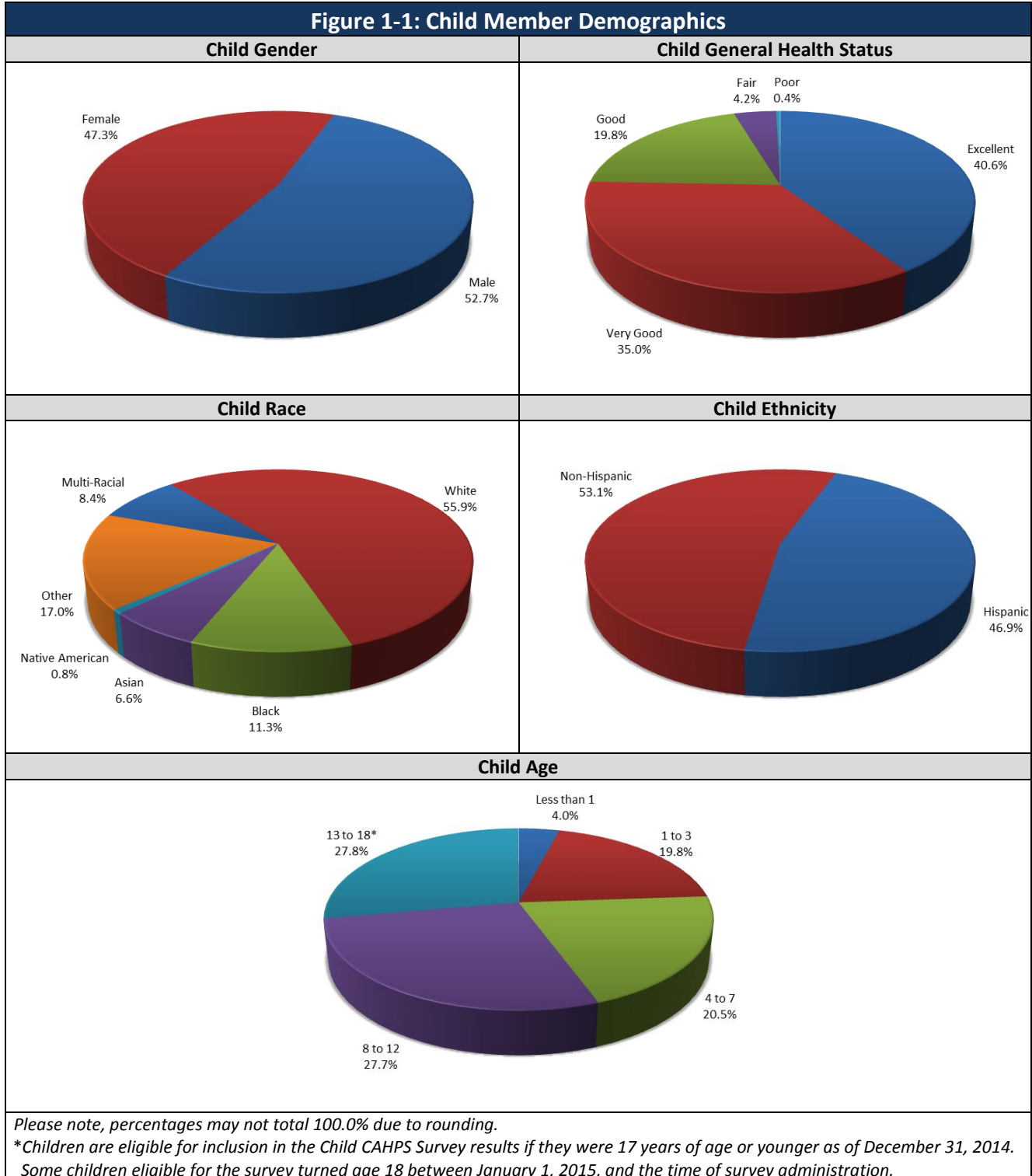
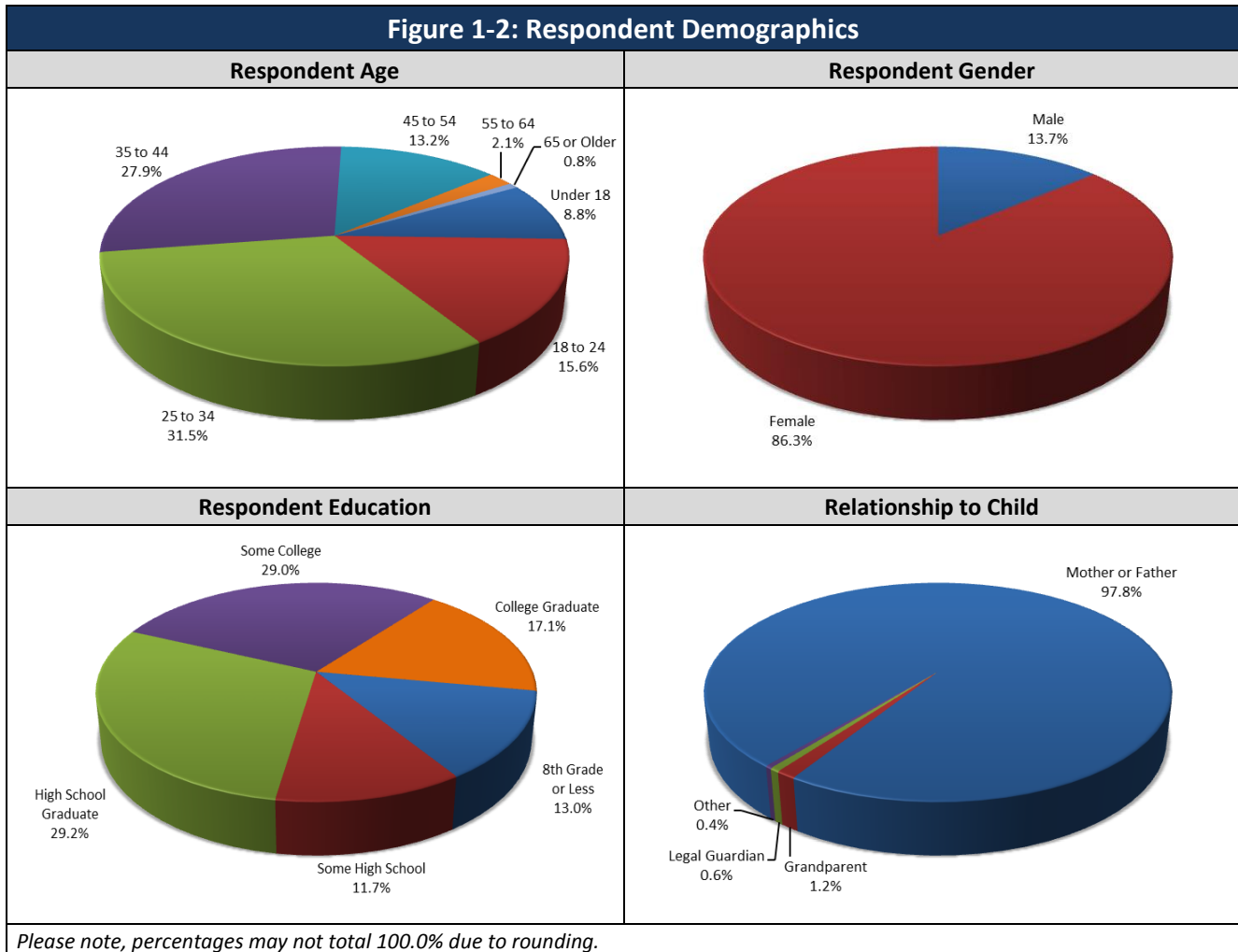


Figure 1-2 provides an overview of the demographics of parents or caretakers who completed a Child CAHPS Survey on behalf of their child member.



National Comparisons and Trend Analysis

A three-point mean score was determined for the four CAHPS global ratings and four CAHPS composite measures. The resulting three-point mean scores were compared to the National Committee for Quality Assurance's (NCQA's) 2015 HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.^{1-4,1-5,1-6} In addition, a trend analysis was performed that compared the 2015 CAHPS results to their corresponding 2013 CAHPS results, where appropriate.^{1-7,1-8} Table 1-1, on the following page, provides highlights of the National Comparisons and Trend Analysis findings for the Illinois Statewide Program aggregate.¹⁻⁹ The numbers presented below the stars represent the three-point mean score for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA HEDIS Benchmarks and Thresholds for Accreditation.

¹⁻⁴ National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; August 4, 2015.

¹⁻⁵ NCQA does not publish separate benchmarks and thresholds for the CHIP population; therefore, NCQA's benchmarks and thresholds for the child Medicaid population were used to derive the overall member satisfaction ratings. As such, caution should be exercised when interpreting the results of the National Comparisons analysis (i.e., star ratings).

¹⁻⁶ NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure, and Coordination of Care and Health Promotion and Education individual item measures; therefore, these CAHPS measures were excluded from the National Comparisons analysis.

¹⁻⁷ For 2015, NCQA revised the question language and response options for the questions that comprise the Shared Decision Making composite measure. Given these changes, a trend analysis of the 2015 results to 2013 results for this measure could not be performed.

¹⁻⁸ The All Kids and Illinois Medicaid programs were not surveyed in 2014.

¹⁻⁹ The national comparisons and trend analysis data presented in Table 1-1 are based on the results of the general child population.

Table 1-1: National Comparisons and Trend Analysis Illinois Statewide Program Aggregate		
Measure	National Comparisons	Trend Analysis
Global Ratings		
Rating of Health Plan	★ 2.43	—
Rating of All Health Care	★★★ 2.54	—
Rating of Personal Doctor	★★★★ 2.67	—
Rating of Specialist Seen Most Often	★★★★ 2.64	—
Composite Measures		
Getting Needed Care	★ 2.32	▲
Getting Care Quickly	★ 2.49	▼
How Well Doctors Communicate	★★ 2.66	—
Customer Service	★ 2.42	—
Star Assignments Based on Percentiles ★★★★★ 90th or Above ★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th		
▲ statistically significantly higher in 2015 than in 2013. ▼ statistically significantly lower in 2015 than in 2013. — indicates the 2015 score is not statistically significantly different than the 2013 score.		

The National Comparisons results indicated the Illinois Statewide Program Aggregate scored at or between the 50th and 74th percentiles on one global rating, Rating of All Health Care. Further, two global ratings scored at or between the 75th and 89th percentiles: Rating of Personal Doctor and Rating of Specialist Seen Most Often.

One composite measure, How Well Doctors Communicate, scored at or between the 25th and 49th percentiles. For the remaining global rating (Rating of Health Plan), and composite measures (Getting Needed Care, Getting Care Quickly, and Customer Service), the Illinois Statewide Program Aggregate scored below the 25th percentile.

Results from the trend analysis showed that the Illinois Statewide Program Aggregate scored significantly *higher* in 2015 than in 2013 on one measure, Getting Needed Care. Conversely, the Illinois Statewide Program Aggregate scored significantly *lower* in 2015 than in 2013 on one measure, Getting Care Quickly.

Key Drivers of Satisfaction

HSAG focused the key drivers of satisfaction analysis on three measures: Rating of All Health Care, Rating of Health Plan, and Rating of Personal Doctor. HSAG evaluated each of these measures to determine if particular CAHPS items (i.e., questions) strongly correlated with these measures, which HSAG refers to as “key drivers.” These individual CAHPS items are driving levels of satisfaction with each of the three measures. Table 1-2 provides a summary of the key drivers identified for the Illinois Statewide Medicaid Program Aggregate.¹⁻¹⁰

Table 1-2: Illinois Statewide Program Aggregate Key Drivers of Satisfaction
Rating of All Health Care
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for their child.
Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan.
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
Respondents reported that it was often not easy for their child to obtain appointments with specialists.
Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.
Rating of Health Plan
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for their child.
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.
Respondents reported that it was often not easy for their child to obtain appointments with specialists.
Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.
Respondents reported that forms from their child’s health plan were often not easy to fill out.
Rating of Personal Doctor
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.

¹⁻¹⁰ The key drivers of satisfaction analysis are based on the results of the general child population.

2015 CAHPS Performance Measures

The CAHPS 5.0 Child Medicaid Health Plan Survey with the HEDIS supplemental item and CCC measurement set includes 83 core questions that yield 16 measures of satisfaction. These measures include four global rating questions, five composite measures, two individual item measures, and five CCC composite measures/items. The global measures (also referred to as global ratings) reflect overall satisfaction 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 measures are individual questions that look at a specific area of care (i.e., “Coordination of Care” and “Health Promotion and Education”). The CCC composites and items are sets of questions and individual questions that look at different aspects of care for the CCC population (e.g., “Access to Prescription Medicines” or “Access to Specialized Services”).

Table 2-1 lists the global ratings, composite measures, individual item measures, and CCC composites/items included in the CAHPS 5.0 Child Medicaid Health Plan Survey administered to child members in the All Kids and Illinois Medicaid programs.

Table 2-1: CAHPS Measures

Global Ratings	Composite Measures	Individual Item Measures	CCC Composites/Items ²⁻¹
Rating of Health Plan	Getting Needed Care	Coordination of Care	Access to Specialized Services
Rating of All Health Care	Getting Care Quickly	Health Promotion and Education	Family-Centered Care (FCC): Personal Doctor Who Knows Child
Rating of Personal Doctor	How Well Doctors Communicate		Coordination of Care for Children with Chronic Conditions
Rating of Specialist Seen Most Often	Customer Service		Access to Prescription Medicines
	Shared Decision Making		FCC: Getting Needed Information

²⁻¹ Please note that the CCC composites and items are only calculated for the CCC population; they are not calculated for the general child population.

How CAHPS Results Were Collected

Sampling Procedures

HFS provided HSAG with a list of eligible members for the sampling frame.²⁻² HSAG inspected a sample of the file records to check for any apparent problems with the files, such as missing address elements. Following NCQA requirements, HSAG sampled members who met the following criteria:

- ◆ Were 17 years of age or younger as of December 31, 2014.
- ◆ Were currently enrolled in All Kids or Illinois Medicaid.
- ◆ Had been continuously enrolled in the program for at least five of the last six months (July through December) of 2014.
- ◆ Had Medicaid as a payer.

The standard NCQA HEDIS Specifications for Survey Measures require a sample size of 1,650 for the general child population and 1,840 for the CCC supplemental population (for a total 3,490 child members) for the CAHPS 5.0 Child Medicaid Health Plan Survey with CCC measurement set.²⁻³ For All Kids and Illinois Medicaid, a 10 percent oversample of the general child populations was also performed. Based on this percentage, a total general child sample of 1,815 child members was selected from each program. After selecting the general child sample, a sample of 1,840 child members who were identified as more likely to have a chronic condition (i.e., CCC supplemental sample) was selected from each program. Table 3-1 in the Results section provides an overview of the sample sizes for each program.

Survey Protocol

The CAHPS 5.0 Health Plan Survey process allows for two methods by which parents or caretakers of child members could complete a survey. The first, or mail phase, consisted of sampled members receiving a survey via mail. HSAG tried to obtain new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. All sampled parents or caretakers of child members received an English version of the survey, with the option of completing the survey in Spanish. Non-respondents received a reminder postcard, followed by a second survey mailing and postcard reminder.

²⁻² The sampling frames HFS provided HSAG for All Kids and Illinois Medicaid were reduced sample frames, such that they included up to 30,000 child members randomly selected from the entire eligible population of All Kids and Illinois Medicaid child members.

²⁻³ National Committee for Quality Assurance. *HEDIS® 2015, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2014.

The second phase, or telephone phase, consisted of Computer Assisted Telephone Interviewing (CATI) of parents or caretakers of child members who did not mail in a completed survey. A series of at least three CATI calls to each non-respondent were attempted. It has been shown that the addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of the program's population.²⁻⁴

Table 2-2 shows the standard mixed-mode (i.e., mail followed by telephone follow-up) CAHPS timeline used in the administration of the CAHPS 5.0 Child Medicaid Health survey.

Task	Timeline
Send first questionnaire with cover letter to the parent or caretaker of child member.	0 days
Send a postcard reminder to non-respondents 4-10 days after mailing the first questionnaire.	4-10 days
Send a second questionnaire (and letter) to non-respondents approximately 35 days after mailing the first questionnaire.	35 days
Send a second postcard reminder to non-respondents 4-10 days after mailing the second questionnaire.	39-45 days
Initiate CATI interviews for non-respondents approximately 21 days after mailing the second questionnaire.	56 days
Initiate systematic contact for all non-respondents such that at least six telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56 – 70 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) approximately 14 days after initiation.	70 days

²⁻⁴ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

How CAHPS Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in Volume 3 of HEDIS 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 satisfaction. In addition to individual program results, HSAG calculated an Illinois Statewide Program Aggregate. HSAG combined results from All Kids and Illinois Medicaid to calculate the Illinois Statewide Program Aggregate. This section provides an overview of the analysis.

Who Responded to the Survey

The administration of the CAHPS 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 eligible members of the sample.²⁻⁵ HSAG considered a survey completed if at least one question was answered. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier.

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

Child and Respondent Demographics

The demographics analysis evaluated child and self-reported demographic information from survey respondents. Given that the demographics of a response group can influence overall satisfaction scores, it is important to evaluate all CAHPS results in the context of the actual respondent population. If the respondent population differs significantly from the actual population of the program, then caution must be exercised when extrapolating the CAHPS results to the entire population.

National Comparisons

HSAG conducted an analysis of the CAHPS survey results using NCQA HEDIS Specifications for Survey Measures. Although NCQA requires a minimum of 100 responses on each item in order to report the item as a valid CAHPS Survey result, HSAG presented results with less than

²⁻⁵ National Committee for Quality Assurance. *HEDIS® 2015, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA; 2014.

100 responses. Therefore, caution should be exercised when evaluating measures' results with less than 100 responses, which are denoted with a cross (+).

Table 2-3 shows the percentiles that were used to determine star ratings for each CAHPS measure.

Table 2-3: Star Ratings	
Stars	Child 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

In order to perform the National Comparisons, a three-point mean score was determined for each CAHPS measure. HSAG compared the resulting three-point mean scores to published NCQA HEDIS Benchmarks and Thresholds for Accreditation to derive the overall member satisfaction ratings (i.e., star ratings) for each CAHPS measure.²⁻⁶

Table 2-4, on the following page, shows the NCQA HEDIS Benchmarks and Thresholds for Accreditation used to derive the overall child Medicaid member satisfaction ratings on each CAHPS measure.²⁻⁷ NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure, Coordination of Care and Health Promotion and Education individual item measures, or CCC composite measures and items; therefore, star ratings could not be assigned for these measures. Additionally, NCQA does not publish benchmarks and thresholds for the CCC population; therefore, the National Comparisons analysis was limited to the general child population (i.e., NCQA comparisons could not be performed for the CCC population).

²⁻⁶ For detailed information on the derivation of three-point mean scores, please refer to *HEDIS® 2015, Volume 3: Specifications for Survey Measures*.

²⁻⁷ National Committee for Quality Assurance. *HEDIS Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; August 4, 2015.

Table 2-4: Overall Child Medicaid Member Satisfaction Ratings Crosswalk

Measure	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Rating of Health Plan	2.67	2.62	2.57	2.51
Rating of All Health Care	2.59	2.57	2.52	2.49
Rating of Personal Doctor	2.69	2.65	2.62	2.58
Rating of Specialist Seen Most Often	2.66	2.62	2.59	2.53
Getting Needed Care	2.58	2.53	2.47	2.42
Getting Care Quickly	2.69	2.66	2.61	2.54
How Well Doctors Communicate	2.75	2.72	2.68	2.63
Customer Service	2.63	2.58	2.53	2.50

General Child and CCC Results

For purposes of calculating the general child and CCC results for All Kids and Illinois Medicaid, question summary rates were calculated for each global rating and individual item measure, and global proportions were calculated for each composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures.²⁻⁸ The scoring of the global ratings, composite measures, individual item measures, and CCC composites and items involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional details, please refer to the *NCQA HEDIS 2015 Specifications for Survey Measures, Volume 3*.

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.

Trend Analysis

A trend analysis was performed for All Kids, Illinois Medicaid, and the Illinois Statewide Program Aggregate that compared their 2015 general child and CCC CAHPS scores to their corresponding 2013 scores, where appropriate, to determine whether there were significant differences.²⁻⁹ A *t*-test was performed to determine whether results in 2015 were significantly different from results in 2013. A difference was considered significant if the two-sided *p* value of the *t*-test was less than or

²⁻⁸ National Committee for Quality Assurance. *HEDIS® 2015, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2014.

²⁻⁹ As previously noted, for 2015 NCQA revised the question language and response options for the questions that comprise the Shared Decision Making composite measure. Given the changes to the Shared Decision Making composite measure, the 2015 CAHPS scores for this measure are not comparable to the 2013 CAHPS scores.

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 higher in 2015 than in 2013 are noted with black upward (▲) triangles. Scores that were statistically lower in 2015 than in 2013 are noted with black downward (▼) triangles. Scores in 2015 that were not statistically different from scores in 2013 are not noted with triangles.

Weighting

For purposes of the All Kids and Illinois Medicaid general child results, HSAG calculated a weighted score for the Illinois Statewide Program Aggregate. The general child CAHPS scores for the Illinois Statewide Program Aggregate were weighted based on the total eligible child population for All Kids and Illinois Medicaid.

Key Drivers of Satisfaction Analysis

HSAG performed an analysis of key drivers of satisfaction for the following measures: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from quality improvement (QI) activities. The analysis provides information on: 1) how *well* the Illinois Statewide Program is performing on the survey item and 2) how *important* that item is to overall satisfaction.

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

For each item evaluated, the relationship between the item’s problem score and performance on each of the three measures was calculated using a Pearson product moment correlation, which is defined as the covariance of the two scores divided by the product of their standard deviations. Items were then prioritized based on their overall problem score and their correlation to each measure. Key drivers of satisfaction were defined as those items that:

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

Limitations and Cautions

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

Differences in Case-Mix

As described in the child and respondent demographics subsection, the demographics of a response group may impact member satisfaction. Therefore, differences in the demographics of the response group may impact CAHPS results.

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 program. Therefore, HFS should consider the potential for non-response bias when interpreting the CAHPS results.

Causal Inferences

Although this report examines whether respondents report differences in satisfaction with various aspects of their health care experiences, these differences may not be completely attributable to the All Kids or Illinois Medicaid programs. These analyses identify whether respondents give different ratings of satisfaction with their child's health care program (i.e., All Kids or Illinois Medicaid). The survey by itself does not necessarily reveal the exact cause of these differences.

Representative Sample Frame

The sample frames HFS provided to HSAG for the All Kids and Illinois Medicaid CAHPS survey administration were reduced sample frames, limited to a random sample of up to 30,000 child members from the entire eligible population of All Kids and Illinois Medicaid members in Fee-for-Service and managed care plans. There is the potential for sampling bias given that the sample selection was limited to a reduced sampling frame and potential for errors when generating a reduced sample frame. Therefore, HFS should consider the potential for bias when interpreting the results and generalizability of these results to the entire All Kids and Illinois Medicaid programs.

General Child Results

The following section presents the CAHPS results for the general child population for All Kids, Illinois Medicaid, and the Illinois Statewide Program Aggregate (i.e., All Kids and Illinois Medicaid combined).

Who Responded to the Survey

A total of 7,310 child surveys were mailed to parents or caretakers of child members. A total of 2,601 child surveys were completed. The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey was considered complete if at least one question was answered on the survey. Eligible members included the entire random sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible criteria), or had a language barrier.

Table 3-1 shows the total number of members sampled, the number of surveys completed, the number of ineligible members, and the response rates.

Table 3-1: Total Number of Respondents and Response Rates

Name	Sample Size	Completes	Ineligibles	Response Rate
Illinois Statewide Program Aggregate	7,310	2,601	99	36.07%
All Kids	3,655	1,631	70	45.50%
Illinois Medicaid	3,655	970	29	26.75%

Demographics of Child Members

Table 3-2 depicts demographic characteristics of children for whom a parent or caretaker completed a CAHPS survey for age, gender, race, ethnicity, and general health status.³⁻¹

Table 3-2: Child Demographics			
	Illinois Statewide Program Aggregate	All Kids	Illinois Medicaid
Age			
Less than 1	4.0%	4.7%	2.8%
1 to 3	19.8%	18.8%	21.8%
4 to 7	20.5%	18.8%	23.9%
8 to 12	27.7%	26.7%	29.7%
13 to 18*	27.8%	31.0%	21.8%
Gender			
Male	52.7%	53.8%	50.5%
Female	47.3%	46.2%	49.5%
Race			
Multi-Racial	8.4%	7.8%	9.4%
White	55.9%	57.8%	52.6%
Black	11.3%	7.3%	18.6%
Asian	6.6%	7.9%	4.3%
Native American	0.8%	1.0%	0.3%
Other	17.0%	18.2%	14.8%
Ethnicity			
Hispanic	46.9%	49.7%	41.6%
Non-Hispanic	53.1%	50.3%	58.4%
General Health Status			
Excellent	40.6%	39.9%	41.8%
Very Good	35.0%	36.6%	32.0%
Good	19.8%	19.7%	19.9%
Fair	4.2%	3.5%	5.5%
Poor	0.4%	0.3%	0.8%

Please note: Percentages may not total 100% due to rounding.

*Children are eligible for inclusion in CAHPS if they are 17 or younger as of December 31, 2014. Some children eligible for the CAHPS Survey turned age 18 between January 1, 2015, and the time of survey administration.

³⁻¹ The child demographic data presented in Table 3-2 is based on the characteristics of the general child population.

Table 3-3 shows the self-reported age, gender, level of education, and relationship to the child for the respondents who completed the CAHPS Survey.

Table 3-3: Respondent Demographics			
	Illinois Statewide Program Aggregate	All Kids	Illinois Medicaid
Respondent Age			
Under 18	8.8%	7.5%	11.1%
18 to 24	15.6%	14.2%	18.3%
25 to 34	31.5%	29.9%	34.5%
35 to 44	27.9%	29.4%	25.3%
45 to 54	13.2%	16.3%	7.5%
55 to 64	2.1%	1.9%	2.6%
65 or Older	0.8%	0.8%	0.8%
Respondent Gender			
Male	13.7%	16.0%	9.4%
Female	86.3%	84.0%	90.6%
Respondent Education			
8th Grade or Less	13.0%	13.5%	11.9%
Some High School	11.7%	11.4%	12.4%
High School Graduate	29.2%	27.1%	33.2%
Some College	29.0%	27.5%	31.9%
College Graduate	17.1%	20.5%	10.6%
Relationship to Child			
Mother or Father	97.8%	98.6%	96.2%
Grandparent	1.2%	0.7%	2.3%
Legal Guardian	0.6%	0.4%	1.0%
Other	0.4%	0.3%	0.5%
<i>Please note: Percentages may not total 100% due to rounding.</i>			

National Comparisons

In order to assess the overall performance of the All Kids, Illinois Medicaid, and Illinois Statewide Program, HSAG scored each CAHPS measure on a three-point scale using an NCQA-approved scoring methodology. HSAG compared the resulting three-point mean scores to NCQA HEDIS Benchmarks and Thresholds for Accreditation.³⁻²

Based on this comparison, ratings of one (★) to five (★★★★★) stars were determined for each CAHPS measure, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent), as shown in Table 3-4.

Stars	Child 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

The results presented in Table 3-5 represent the three-point mean scores for each measure, while the stars represent overall member satisfaction ratings when the three-point means were compared to NCQA's 2015 HEDIS Benchmarks and Thresholds for Accreditation.

³⁻² National Committee for Quality Assurance. *HEDIS® Benchmarks and Thresholds for Accreditation 2015*. Washington, DC: NCQA; August 4, 2015.

Table 3-5 shows the overall member satisfaction ratings on each of the global ratings and composite measures.^{3-3,3-4}

Table 3-5: National Comparisons			
	Illinois Statewide Program Aggregate	All Kids	Illinois Medicaid
Global Rating			
Rating of Health Plan	★ 2.43	★ 2.45	★ 2.38
Rating of All Health Care	★★★ 2.54	★★★ 2.56	★★ 2.51
Rating of Personal Doctor	★★★★ 2.67	★★★★ 2.67	★★★★ 2.68
Rating of Specialist Seen Most Often	★★★★ 2.64	★★★★+ 2.64	★★★★+ 2.65
Composite Measure			
Getting Needed Care	★ 2.32	★ 2.30	★ 2.35
Getting Care Quickly	★ 2.49	★ 2.45	★★ 2.56
How Well Doctors Communicate	★★ 2.66	★★ 2.67	★★ 2.65
Customer Service	★ 2.42	★ 2.39	★ 2.48
<i>+ indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.</i>			

The Illinois Statewide Program Aggregate, All Kids, and Illinois Medicaid all scored at or between the 75th and 89th percentiles for the Rating of Personal Doctor and Rating of Specialist Seen Most Often global ratings. The Illinois Statewide Program Aggregate and All Kids scored at or between the 50th and 74th percentiles for one global rating, Rating of All Health Care, while Illinois Medicaid scored at or between the 25th and 49th percentiles for this same measure. The Illinois Statewide Program Aggregate, All Kids, and Illinois Medicaid scored at or between the 25th and 49th percentiles for the How Well Doctors Communicate composite measure, and Illinois Medicaid also scored between the 25th and 49th percentiles on the Getting Care Quickly composite measure. The Illinois Statewide Program Aggregate, All Kids, and Illinois Medicaid scored below the 25th percentile for one global rating and two composite measures: Rating of Health Plan, Getting Needed Care, and Customer Service.

³⁻³ NCQA does not publish national benchmarks and thresholds for the Shared Decision Making composite measure, and Coordination of Care and Health Promotion and Education individual item measures; therefore, these CAHPS measures were excluded from the National Comparisons analysis.

³⁻⁴ As previously noted, NCQA does not publish separate benchmarks and thresholds for the CHIP population; therefore, caution should be exercised when interpreting the results of the National Comparisons analysis (i.e., overall member satisfaction ratings).

Trend Analysis

In 2013, All Kids and Illinois Medicaid had 568 and 642 completed general child CAHPS Surveys, respectively. In 2015, All Kids and Illinois Medicaid had 785 and 445 completed general child CAHPS Surveys, respectively. These completed surveys were used to calculate the 2013 and 2015 general child CAHPS results presented in this section for trending purposes for the All Kids, Illinois Medicaid, and Illinois Statewide Program Aggregate.

For purposes of the trend analysis, question summary rates were calculated for each global rating and individual item measure, and global proportions were calculated for each composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures.³⁻⁵ The scoring of the global ratings, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional details, please refer to the *NCQA HEDIS 2015 Specifications for Survey Measures, Volume 3*.

In order to evaluate trends in member satisfaction, HSAG compared the 2015 CAHPS scores to the corresponding 2013 scores, where applicable.^{3-6,3-7} Figure 3-1 through Figure 3-11 show the results of this trend analysis. Statistically significant differences are noted with directional triangles. Scores that were statistically higher in 2015 than in 2013 are noted with black upward (▲) triangles. Scores that were statistically lower in 2015 than in 2013 are noted with black downward (▼) triangles. Scores in 2015 that were not statistically different from scores in 2013 are not noted with triangles. For the Illinois Statewide Program Aggregate, the results were weighted based on All Kids' and Illinois Medicaid's total eligible population for the corresponding year. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

³⁻⁵ National Committee for Quality Assurance. *HEDIS® 2015, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2014.

³⁻⁶ The All Kids and Illinois Medicaid programs' child Medicaid populations were not surveyed in 2014.

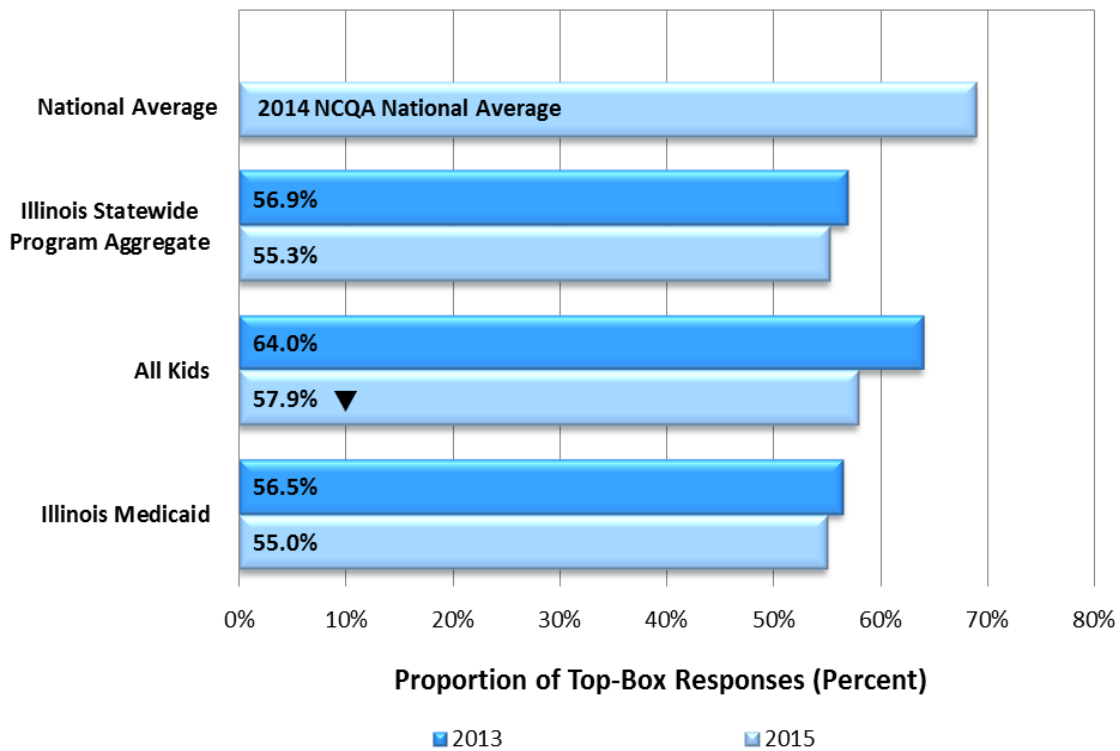
³⁻⁷ Due to the changes to the CAHPS 5.0 Child Medicaid Health Plan Survey, trending of 2015 to 2013 scores and comparisons to 2014 NCQA national average data could not be performed for the Shared Decision Making composite measure.

Global Ratings

Rating of Health Plan

Parents or caretakers of child members were asked to rate their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Top-level responses were defined as those responses with a rating of 9 or 10. Figure 3-1 shows the Rating of Health Plan top-box rates.^{3-8,3-9,3-10}

Figure 3-1: Rating of Health Plan Top-Box Rates



Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
▼ indicates the 2015 score is significantly lower than the 2013 score

³⁻⁸ The Illinois Statewide Program Aggregate scores in this section are derived from the combined weighted results of All Kids and Illinois Medicaid.

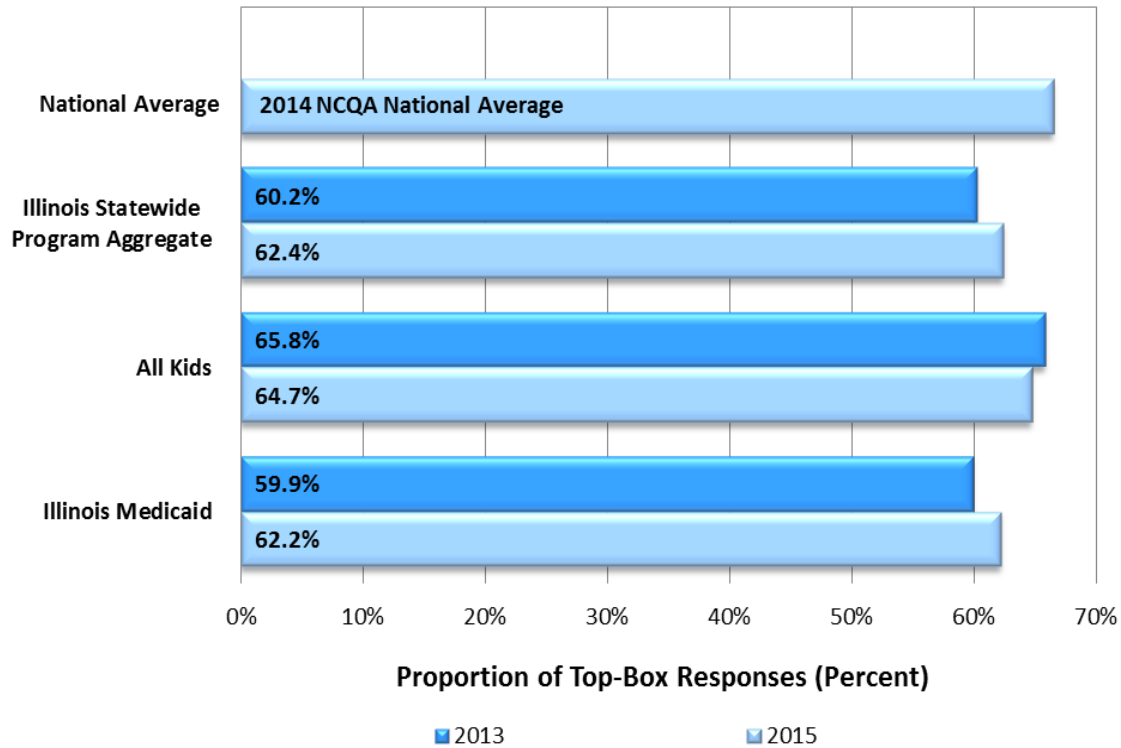
³⁻⁹ NCQA national averages were not available for 2015 at the time this report was prepared; therefore, 2014 NCQA national data are presented in this section.

³⁻¹⁰ The source for the NCQA national averages for the general child population contained in this publication is Quality Compass® 2014 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2014 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).

Rating of All Health Care

Parents or caretakers of child members were asked to rate their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Top-level responses were defined as those responses with a rating of 9 or 10. Figure 3-2 shows the Rating of All Health Care top-box rates.

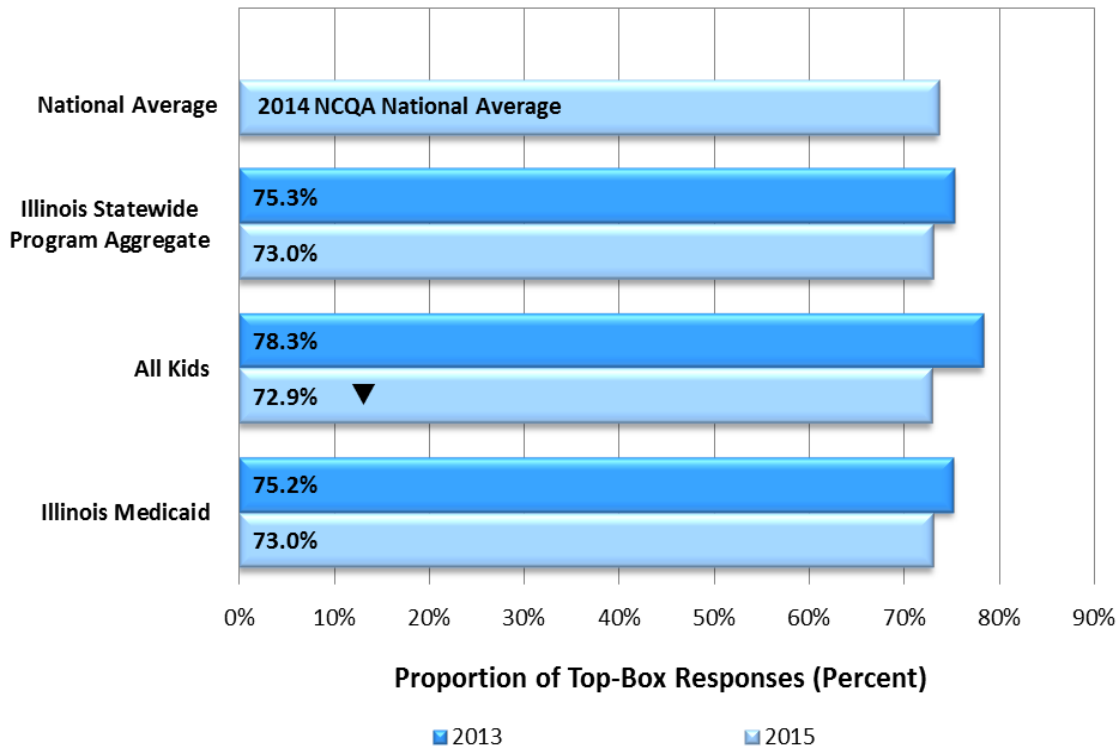
Figure 3-2: Rating of All Health Care Top-Box Rates



Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Top-level responses were defined as those responses with a rating of 9 or 10. Figure 3-3 shows the Rating of Personal Doctor top-box rates.

Figure 3-3: Rating of Personal Doctor Top-Box Rates

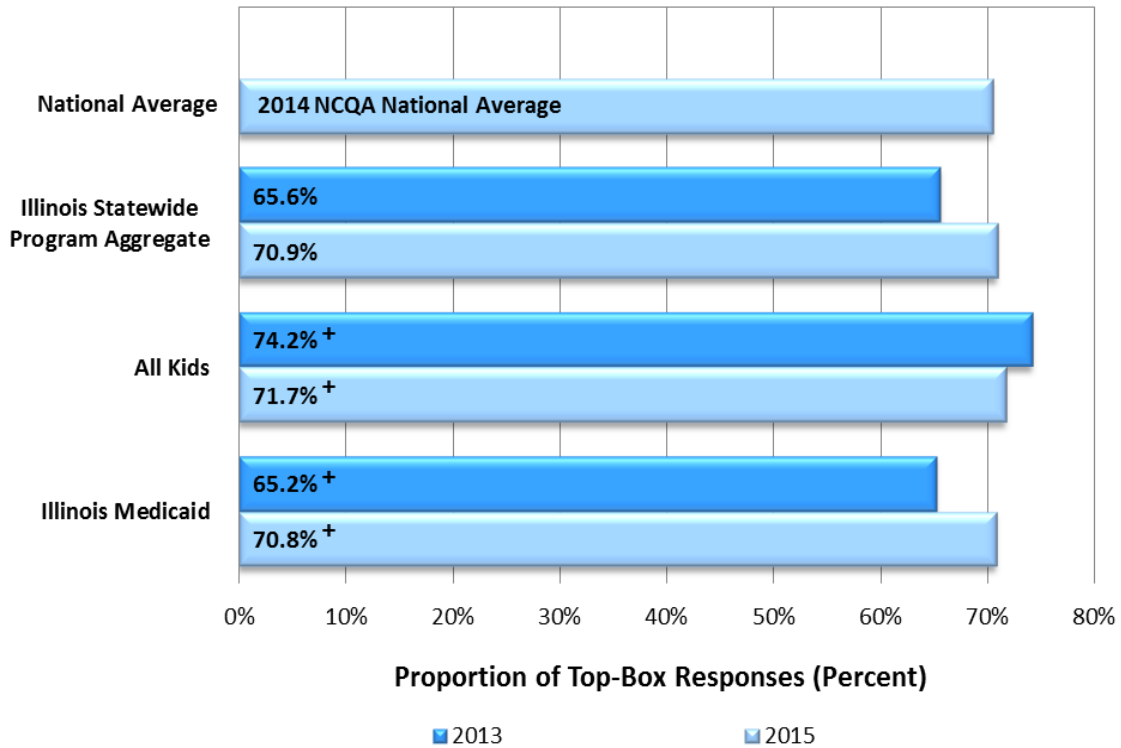


Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
 ▼ indicates the 2015 score is significantly lower than the 2013 score

Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate their child’s specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Top-level responses were defined as those responses with a rating of 9 or 10. Figure 3-4 shows the Rating of Specialist Seen Most Often top-box rates.

Figure 3-4: Rating of Specialist Seen Most Often Top-Box Rates



⁺ If the program had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Composite Measures

Getting Needed Care

Two questions (Questions 15 and 46 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

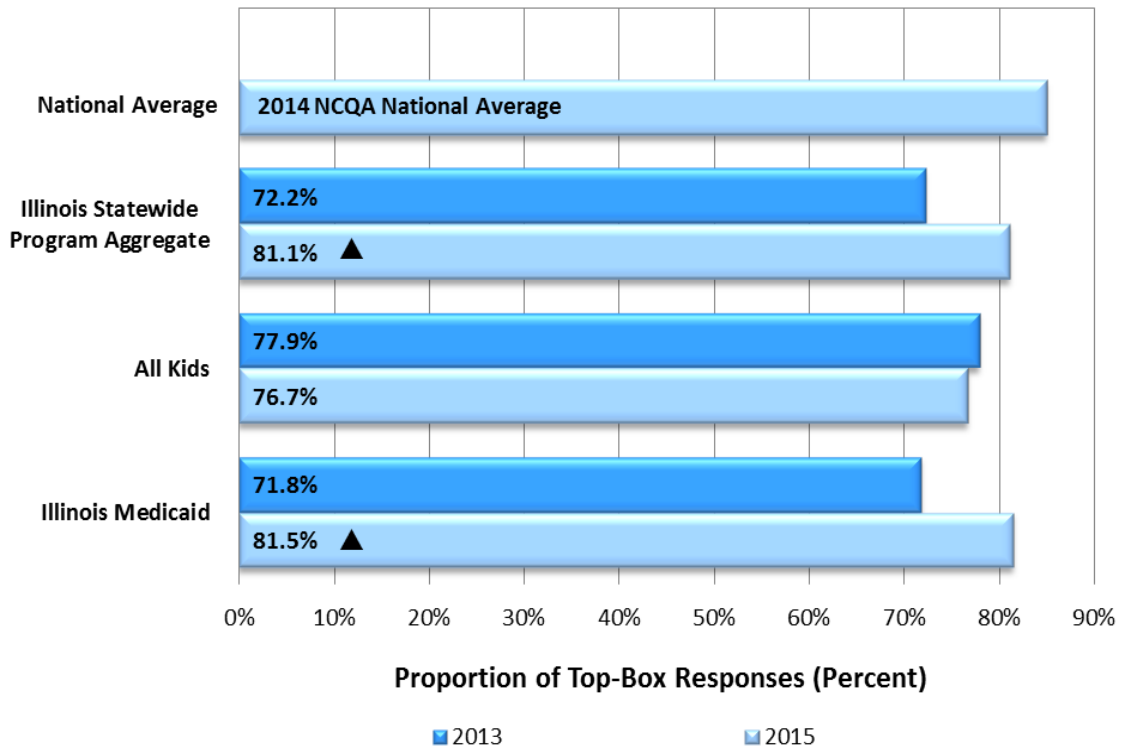
- ◆ **Question 15.** In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 46.** 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

For purposes of the trend analysis, HSAG calculated top-box rates for the Getting Needed Care composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-5 shows the Getting Needed Care top-box rates.

Figure 3-5: Getting Needed Care Top-Box Rates



Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
 ▼ indicates the 2015 score is significantly lower than the 2013 score

Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often child members received care quickly:

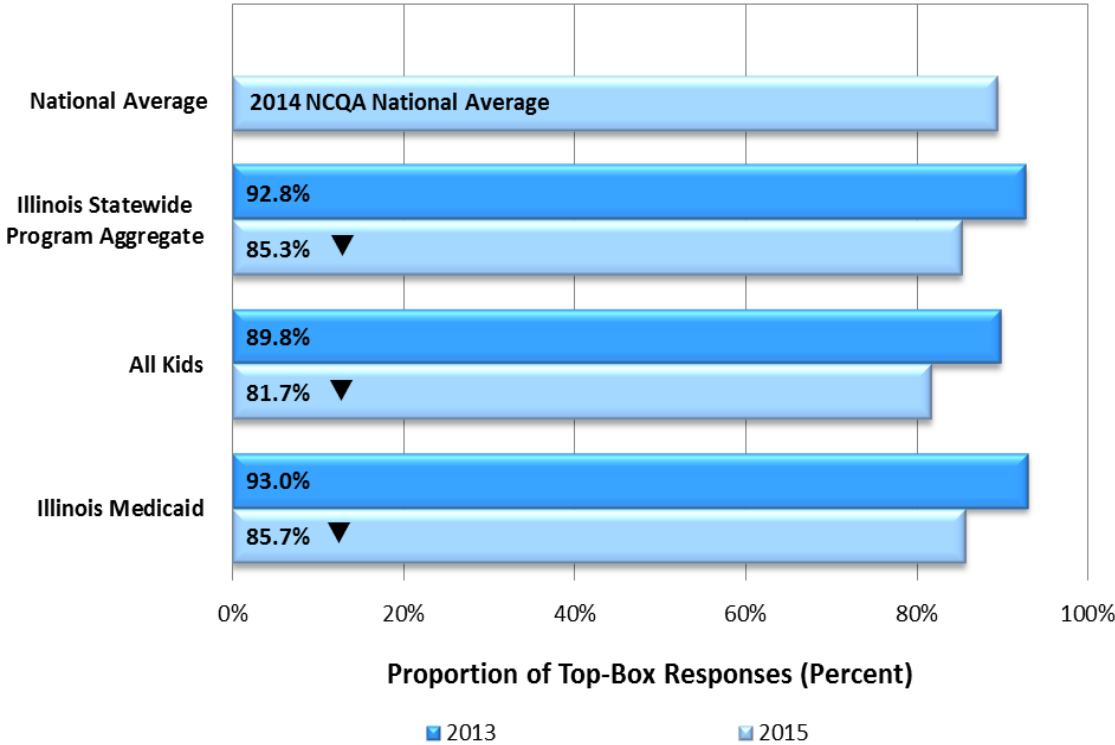
- ◆ **Question 4.** In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 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

For purposes of the trend analysis, HSAG calculated top-box rates for the Getting Care Quickly composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-6 shows the Getting Care Quickly top-box rates.

Figure 3-6: Getting Care Quickly Top-Box Rates



Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
▼ indicates the 2015 score is significantly lower than the 2013 score

How Well Doctors Communicate

A series of four questions (Questions 32, 33, 34, and 37 in the CAHPS Child Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- ◆ **Question 32.** 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

- ◆ **Question 33.** In the last 6 months, how often did your child’s personal doctor listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

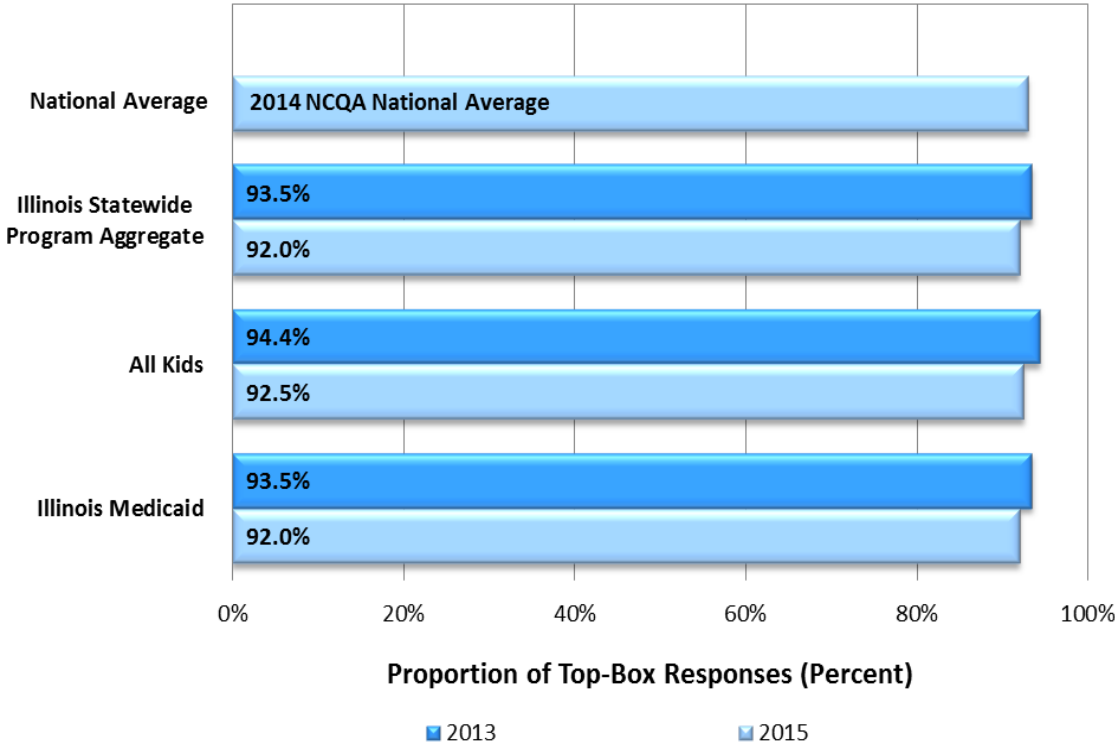
- ◆ **Question 34.** In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 37.** In the last 6 months, how often did your child’s personal doctor spend enough time with your child?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the trend analysis, HSAG calculated top-box rates for the How Well Doctors Communicate composite measure, which was defined as a response of “Usually” or “Always.”

Figure 3-7 shows the How Well Doctors Communicate top-box rates.

Figure 3-7: How Well Doctors Communicate Top-Box Rates



Customer Service

Two questions (Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often parents or caretakers were satisfied with their child's health plan's customer service:

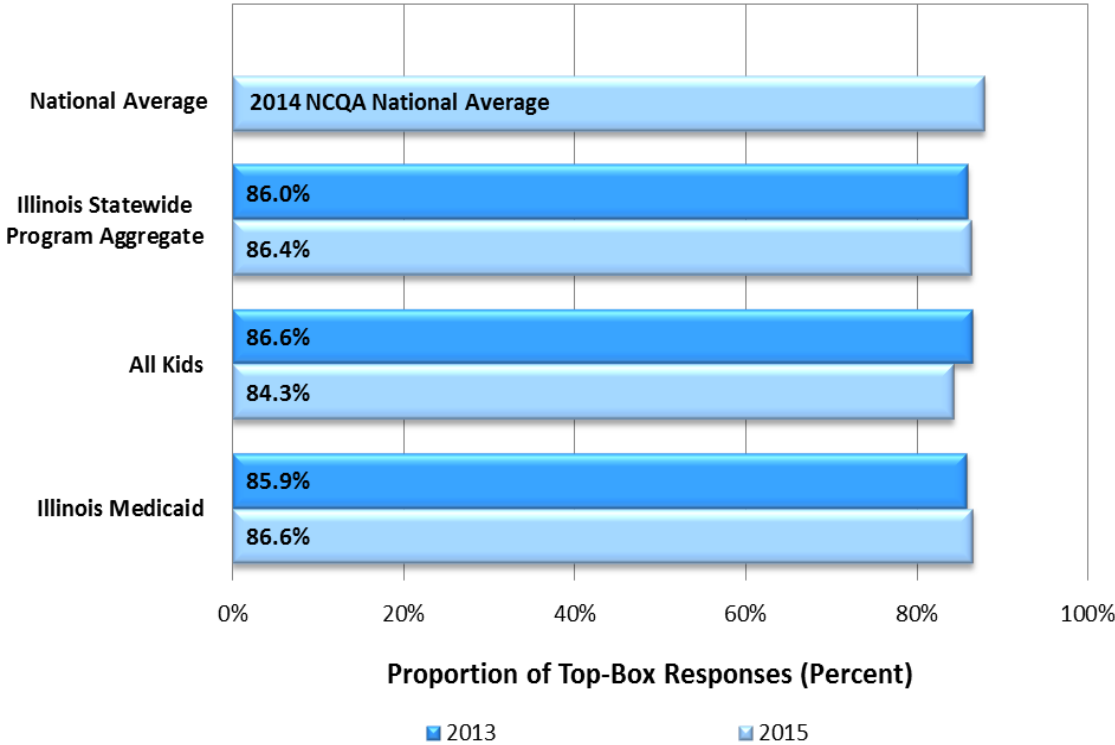
- ◆ **Question 50.** In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 51.** 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

For purposes of the trend analysis, HSAG calculated top-box rates for the Customer Service composite measure, which was defined as a response of "Usually" or "Always."

Figure 3-8 shows the Customer Service top-box rates.

Figure 3-8: Customer Service Top-Box Rates



Shared Decision Making

Three questions (Questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey) were asked regarding the involvement of parents or caretakers in decision making when starting or stopping a prescription medicine for their child:³⁻¹¹

- ◆ **Question 11.** Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
 - Yes
 - No

- ◆ **Question 12.** Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
 - Yes
 - No

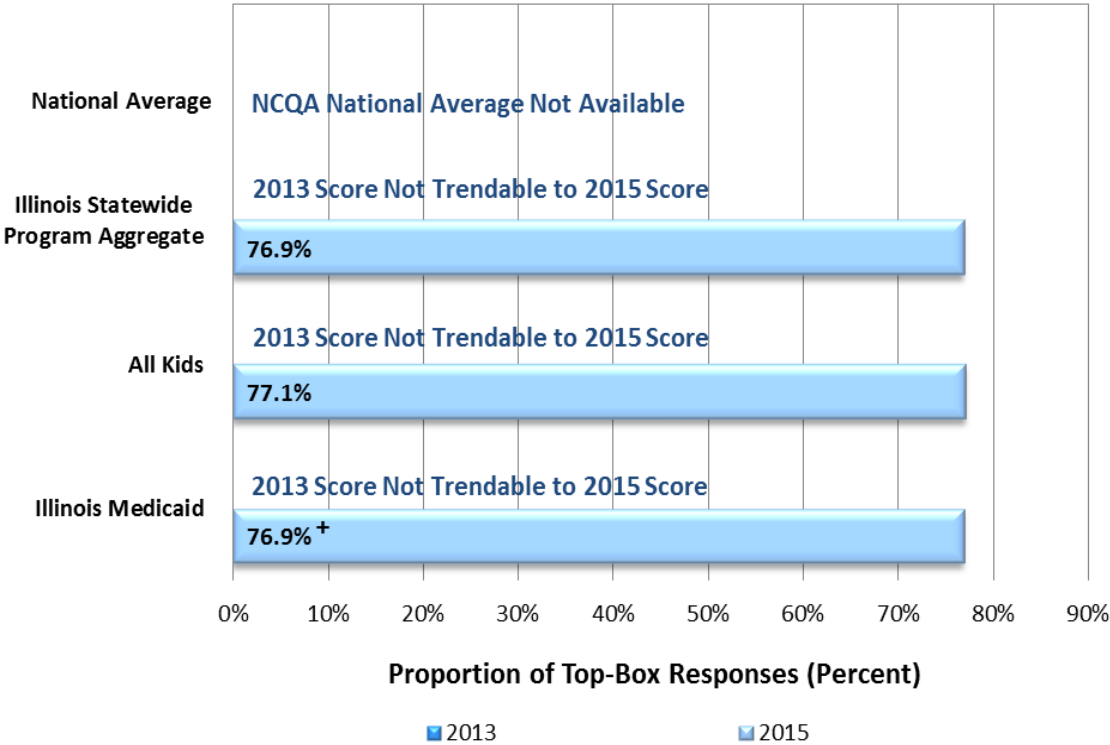
- ◆ **Question 13.** When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?
 - Yes
 - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Shared Decision Making composite measure, which was defined as a response of “Yes.”

³⁻¹¹ Due to changes to the Shared Decision Making composite measure, comparisons to NCQA national averages and trending could not be performed for 2015.

Figure 3-9 shows the Shared Decision Making top-box rates.

Figure 3-9: Shared Decision Making Top-Box Rates



⁺ If the program had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Individual Item Measures

Coordination of Care

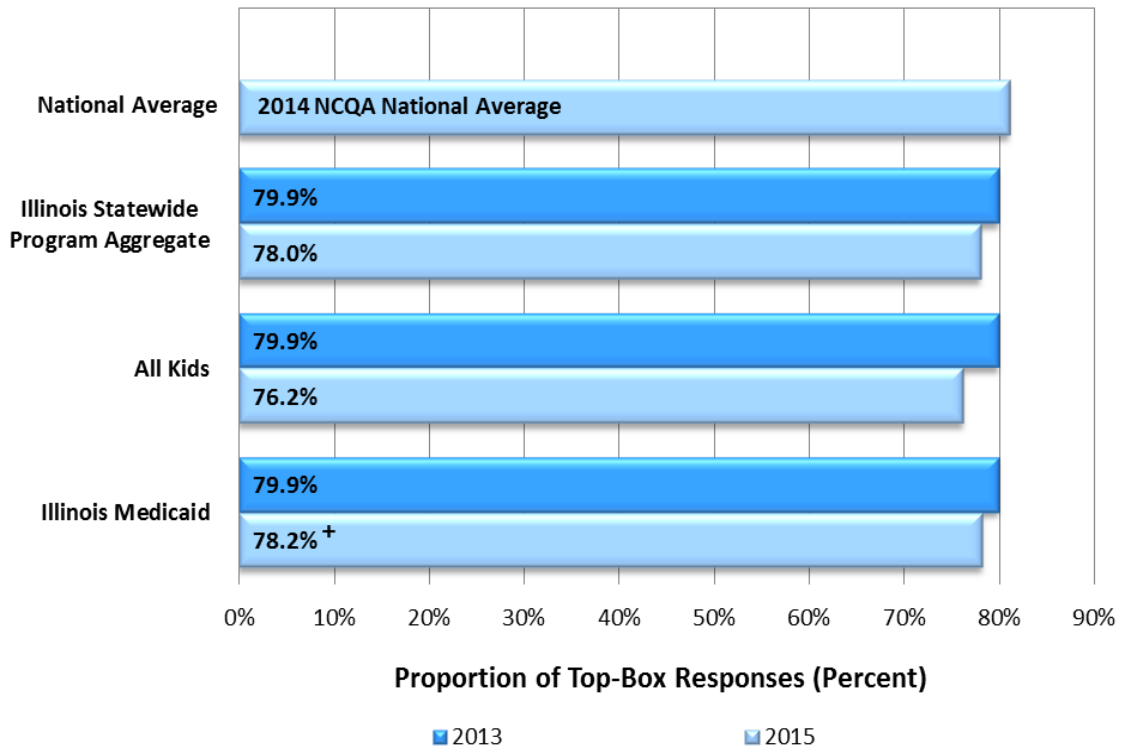
Parents or caretakers of child members were asked one question (Question 40 in the CAHPS Child Medicaid Health Plan Survey) to assess how often their child's personal doctor seemed informed and up-to-date about care their child had received from another doctor:

- ◆ **Question 40.** 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

For purposes of the trend analysis, HSAG calculated top-box rates for the Coordination of Care individual item measure, which was defined as a response of "Usually" or "Always."

Figure 3-10 shows the Coordination of Care top-box rates.

Figure 3-10: Coordination of Care Top-Box Rates



⁺ If the program had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Health Promotion and Education

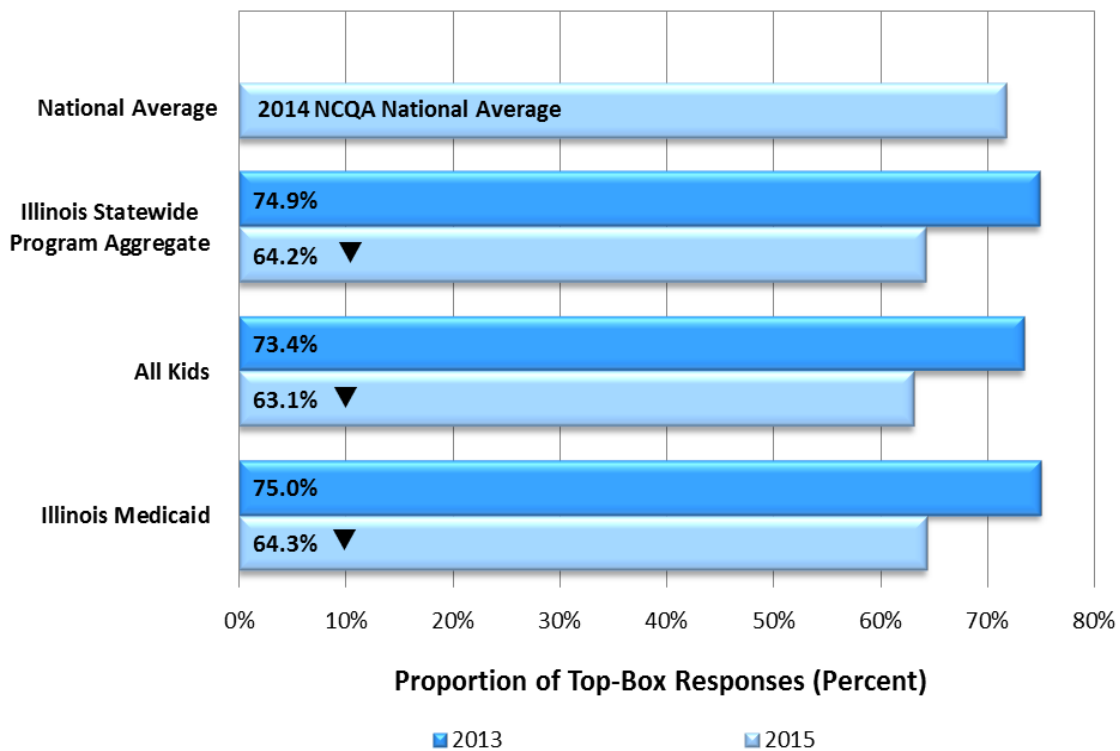
Parents or caretakers of child members were asked one question (Question 8 in the CAHPS Child Medicaid Health Plan Survey) to assess if their child’s doctor talked with them about specific things they could do to prevent illness in their child:

- ◆ **Question 8.** In the last 6 months, did you and your child’s doctor or other health provider talk about specific things you could do to prevent illness in your child?
 - Yes
 - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Health Promotion and Education individual item measure, which was defined as a response of “Yes.”

Figure 3-11 shows the Health Promotion and Education top-box rates.

Figure 3-11: Health Promotion and Education Top-Box Rates



Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
 ▼ indicates the 2015 score is significantly lower than the 2013 score

Summary of Trend Analysis Results

Table 3-6 provides a summary of the statistically significant differences from the trend analysis of the general child results.

Table 3-6: Trend Analysis Highlights			
	Illinois Statewide Program Aggregate	All Kids	Illinois Medicaid
Global Ratings			
Rating of Health Plan	—	▼	—
Rating of Personal Doctor	—	▼	—
Composite Measures			
Getting Needed Care	▲	—	▲
Getting Care Quickly	▼	▼	▼
Individual Item Measures			
Health Promotion and Education	▼	▼	▼
▲ statistically significantly higher in 2015 than in 2013. ▼ statistically significantly lower in 2015 than in 2013. — indicates the 2015 score is not statistically significantly different than the 2013 score.			

CCC 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 of 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.

Trend Analysis

In 2013, All Kids and Illinois Medicaid had 406 and 473 completed CAHPS Child Medicaid Health Plan Surveys for the CCC population, respectively. In 2015, All Kids and Illinois Medicaid had 317 and 220 completed CAHPS Child Medicaid Health Plan Surveys for the CCC population, respectively. For trending purposes, these completed surveys were used to calculate the 2013 and 2015 CCC CAHPS results presented in this section for All Kids, Illinois Medicaid, and the Illinois Statewide Program Aggregate.

For purposes of the trend analysis, question summary rates were calculated for each global rating and individual item measure, and global proportions were calculated for each composite measure. Both the question summary rates and global proportions were calculated in accordance with NCQA HEDIS Specifications for Survey Measures.^{4.1} The scoring of the global ratings, composite measures, individual item measures, and CCC composites and items involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. For additional details, please refer to the *NCQA HEDIS 2015 Specifications for Survey Measures, Volume 3*.

In order to evaluate trends in member satisfaction for the CCC population, HSAG performed a trend analysis of All Kids, Illinois Medicaid, and the Illinois Statewide Program Aggregate CCC CAHPS results, where applicable.^{4.2,4.3} The 2015 CCC CAHPS scores were compared to the 2013 CCC CAHPS scores to determine whether there were statistically significant differences.

Figure 4-1 through Figure 4-16 show the results of this trend analysis. Statistically significant differences are noted with directional triangles. Scores that were statistically higher in 2015 than in 2013 are noted with black upward (▲) triangles. Scores that were statistically lower in 2015 than in 2013 are noted with black downward (▼) triangles. Scores in 2015 that were not statistically different from scores in 2013 are not noted with triangles. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

^{4.1} National Committee for Quality Assurance. *HEDIS® 2015, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2014.

^{4.2} The All Kids and Illinois Medicaid programs' child Medicaid populations were not surveyed in 2014.

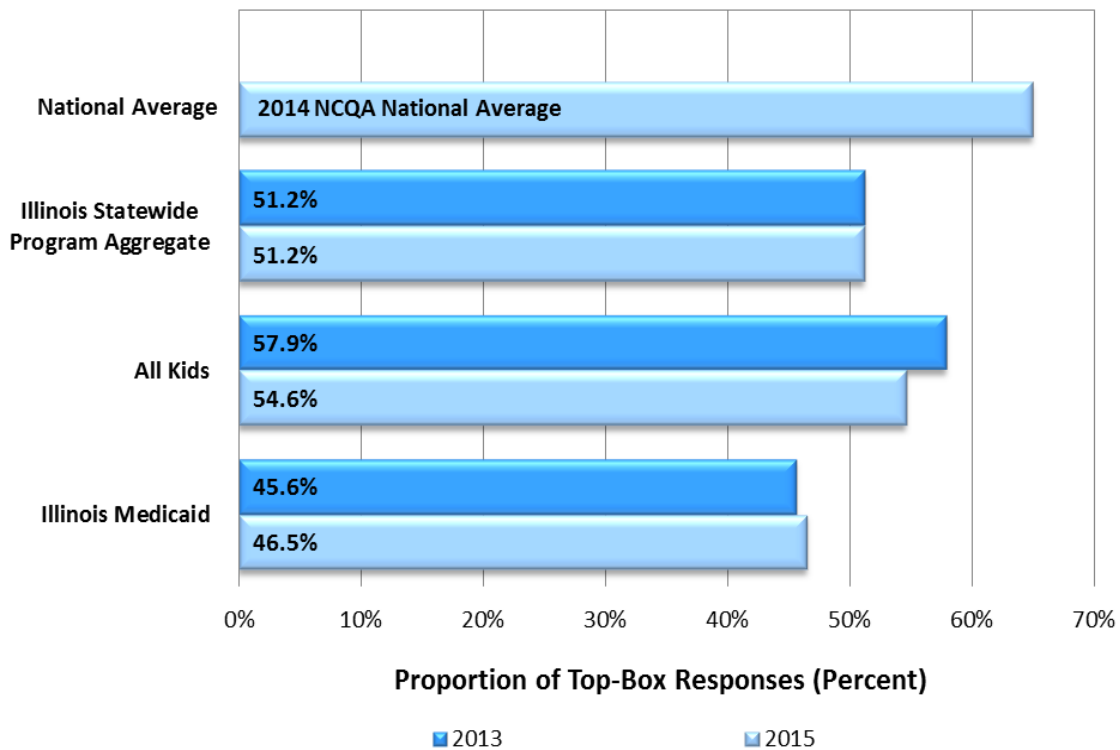
^{4.3} Due to the changes to the CAHPS 5.0 Child Medicaid Health Plan Survey, trending of 2015 to 2013 scores and comparisons to 2014 NCQA national average data could not be performed for the Shared Decision Making composite measure.

Global Ratings

Rating of Health Plan

Parents or caretakers of child members were asked to rate their child’s health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Top-level responses were defined as those responses with a rating of 9 or 10. Figure 4-1 shows the Rating of Health Plan top-box rates.^{4-4,4-5,4-6}

Figure 4-1: Rating of Health Plan Top-Box Rates



⁴⁻⁴ The Illinois Statewide Program Aggregate scores in this section are derived from the combined results of All Kids and Illinois Medicaid.

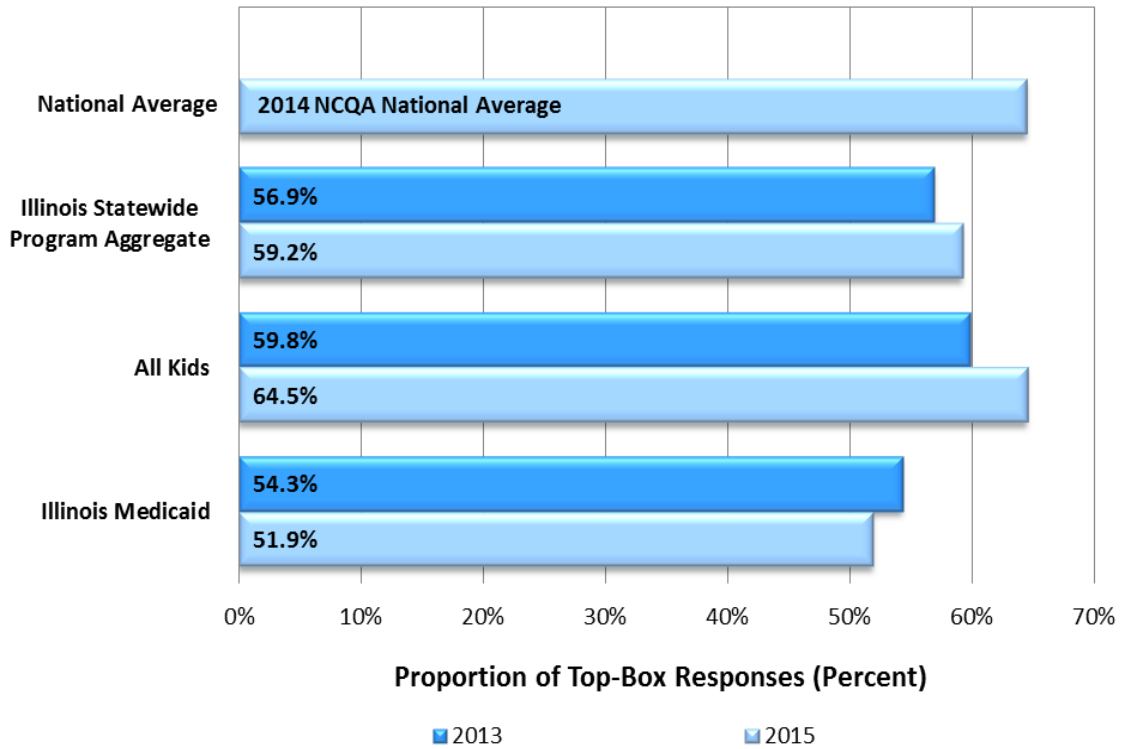
⁴⁻⁵ NCQA national averages were not available for 2015 at the time this report was prepared; therefore, 2014 NCQA national data are presented in this section.

⁴⁻⁶ The source for the NCQA national averages for the CCC population contained in this publication is Quality Compass® 2014 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2014 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).

Rating of All Health Care

Parents or caretakers of child members were asked to rate their child’s health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Top-level responses were defined as those responses with a rating of 9 or 10. Figure 4-2 shows the Rating of All Health Care top-box rates.

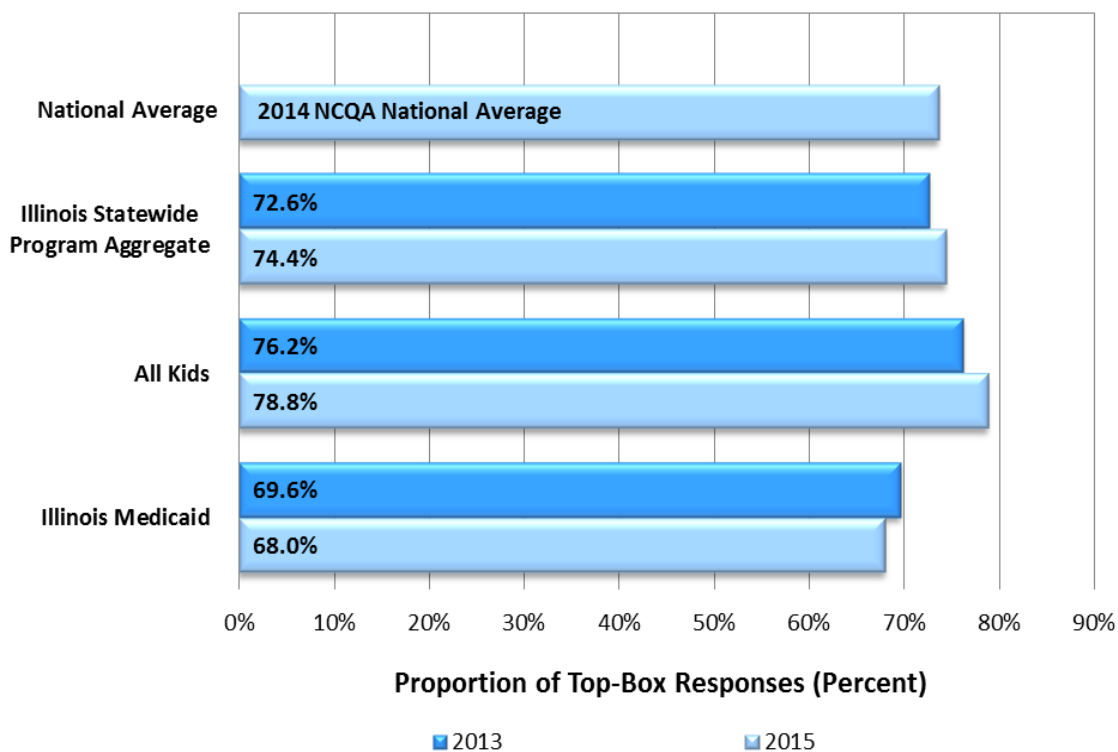
Figure 4-2: Rating of All Health Care Top-Box Rates



Rating of Personal Doctor

Parents or caretakers of child members were asked to rate their child’s personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Top-level responses were defined as those responses with a rating of 9 or 10. Figure 4-3 shows the Rating of Personal Doctor top-box rates.

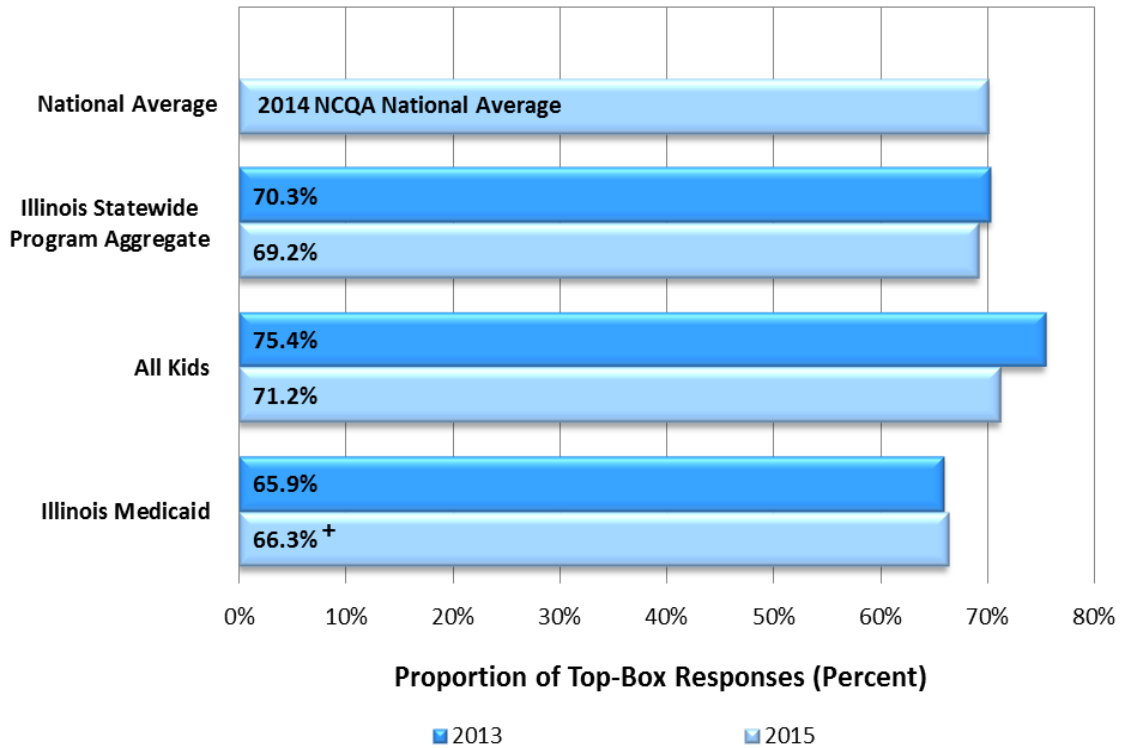
Figure 4-3: Rating of Personal Doctor Top-Box Rates



Rating of Specialist Seen Most Often

Parents or caretakers of child members were asked to rate their child’s specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Top-level responses were defined as those responses with a rating of 9 or 10. Figure 4-4 shows the Rating of Specialist Seen Most Often top-box rates.

Figure 4-4: Rating of Specialist Seen Most Often Top-Box Rates



+ If the program had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Composite Measures

Getting Needed Care

Two questions (Questions 15 and 46 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy to get needed care:

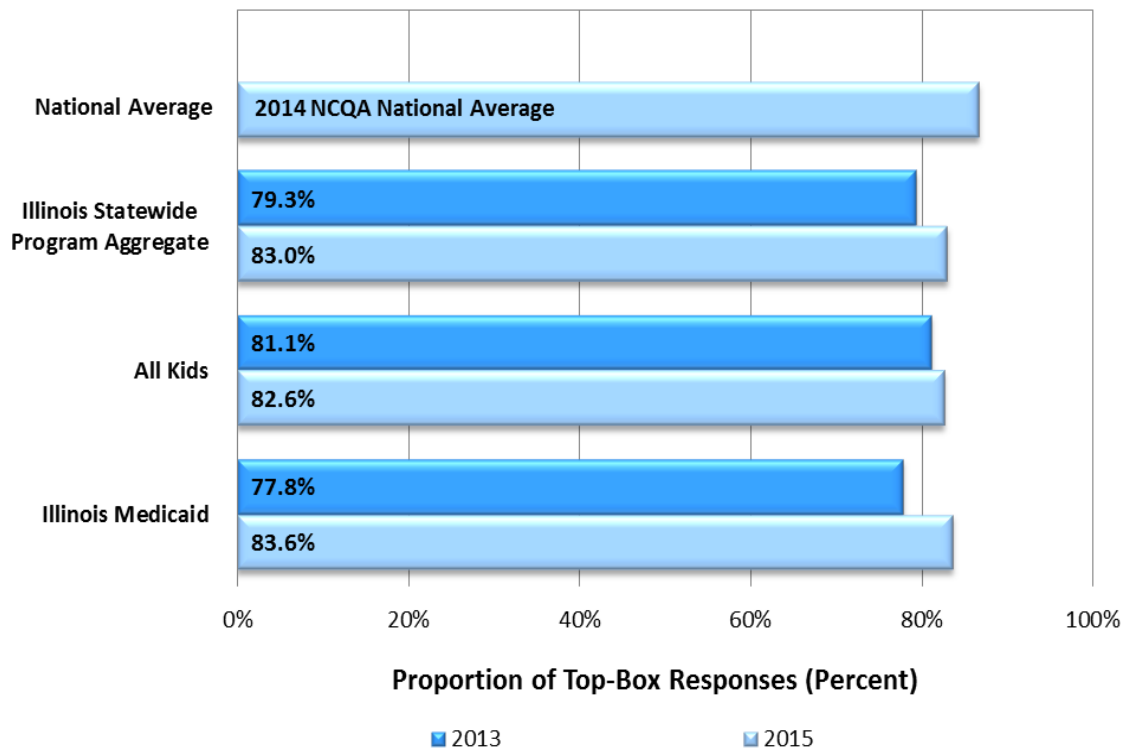
- ◆ **Question 15.** In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 46.** 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

For purposes of the trend analysis, HSAG calculated top-box rates for the Getting Needed Care composite measure, which was defined as a response of “Usually” or “Always.”

Figure 4-5 shows the Getting Needed Care top-box rates.

Figure 4-5: Getting Needed Care Top-Box Rates



Getting Care Quickly

Two questions (Questions 4 and 6 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often child members received care quickly:

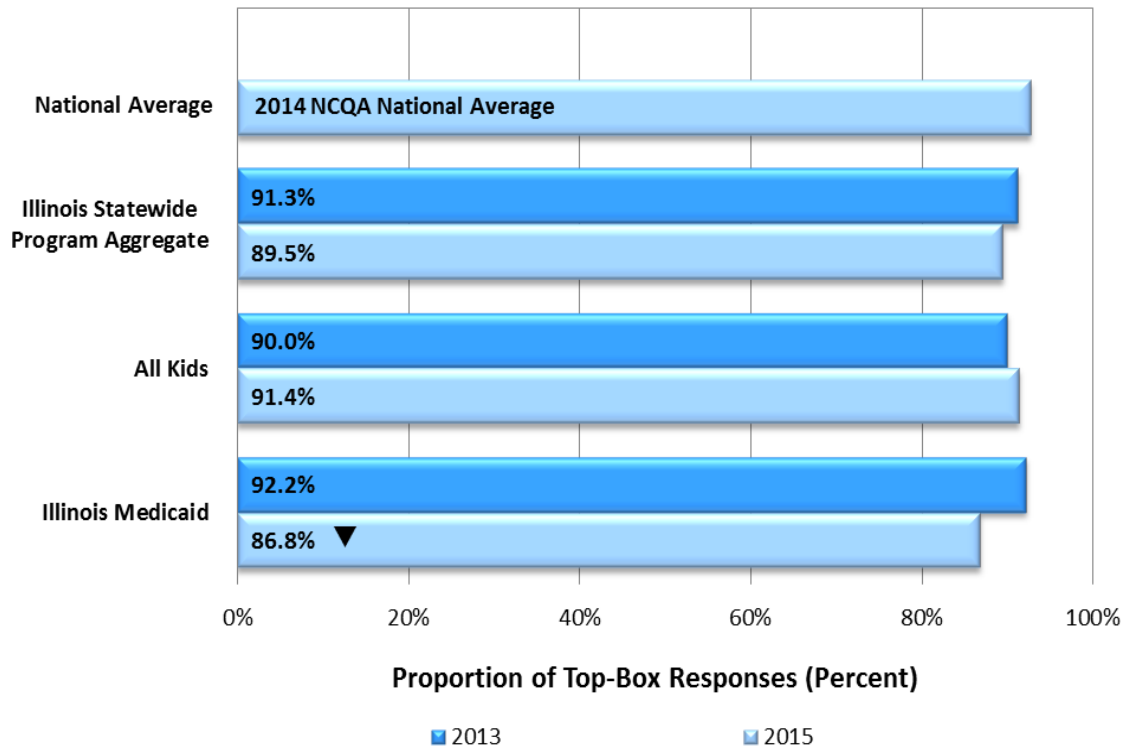
- ◆ **Question 4.** In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 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

For purposes of the trend analysis, HSAG calculated top-box rates for the Getting Care Quickly composite measure, which was defined as a response of “Usually” or “Always.”

Figure 4-6 shows the Getting Care Quickly top-box rates.

Figure 4-6: Getting Care Quickly Top-Box Rates



Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
 ▼ indicates the 2015 score is significantly lower than the 2013 score

How Well Doctors Communicate

A series of four questions (Questions 32, 33, 34, and 37 in the CAHPS Child Medicaid Health Plan Survey) was asked to assess how often doctors communicated well:

- ◆ **Question 32.** 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

- ◆ **Question 33.** In the last 6 months, how often did your child’s personal doctor listen carefully to you?
 - Never
 - Sometimes
 - Usually
 - Always

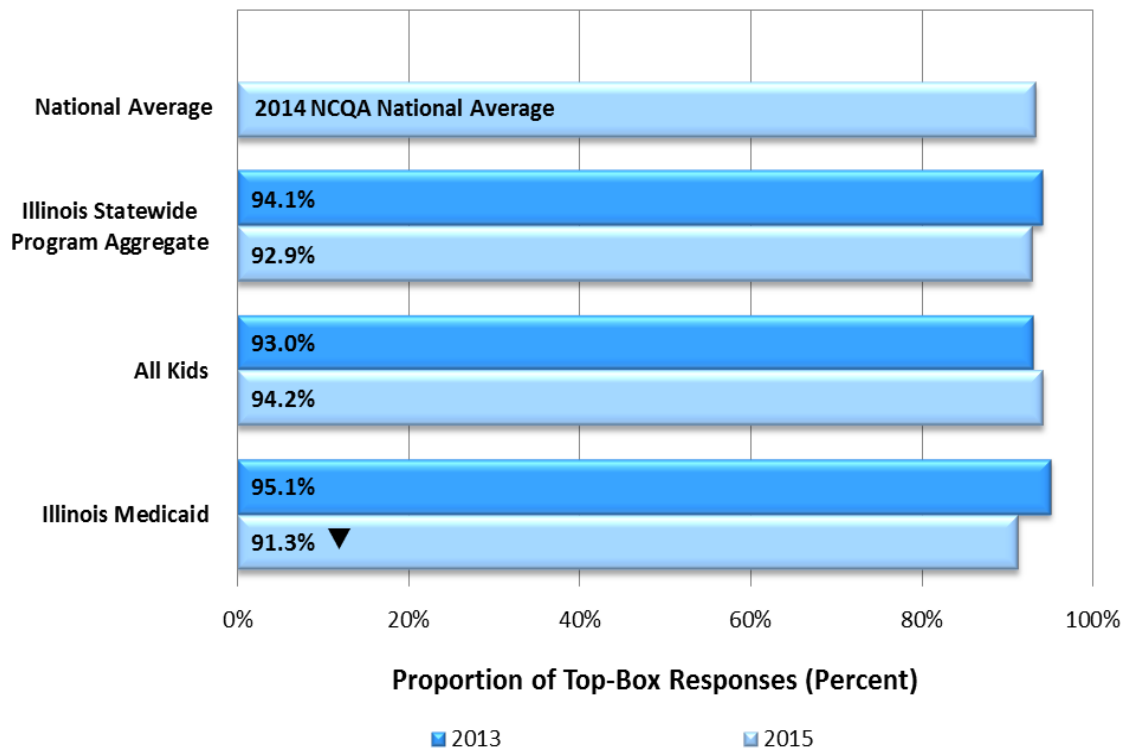
- ◆ **Question 34.** In the last 6 months, how often did your child’s personal doctor show respect for what you had to say?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 37.** In the last 6 months, how often did your child’s personal doctor spend enough time with your child?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the trend analysis, HSAG calculated top-box rates for the How Well Doctors Communicate composite measure, which was defined as a response of “Usually” or “Always.”

Figure 4-7 shows the How Well Doctors Communicate top-box rates.

Figure 4-7: How Well Doctors Communicate Top-Box Rates



Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
 ▼ indicates the 2015 score is significantly lower than the 2013 score

Customer Service

Two questions (Questions 50 and 51 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often parents or caretakers were satisfied with their child's health plan's customer service:

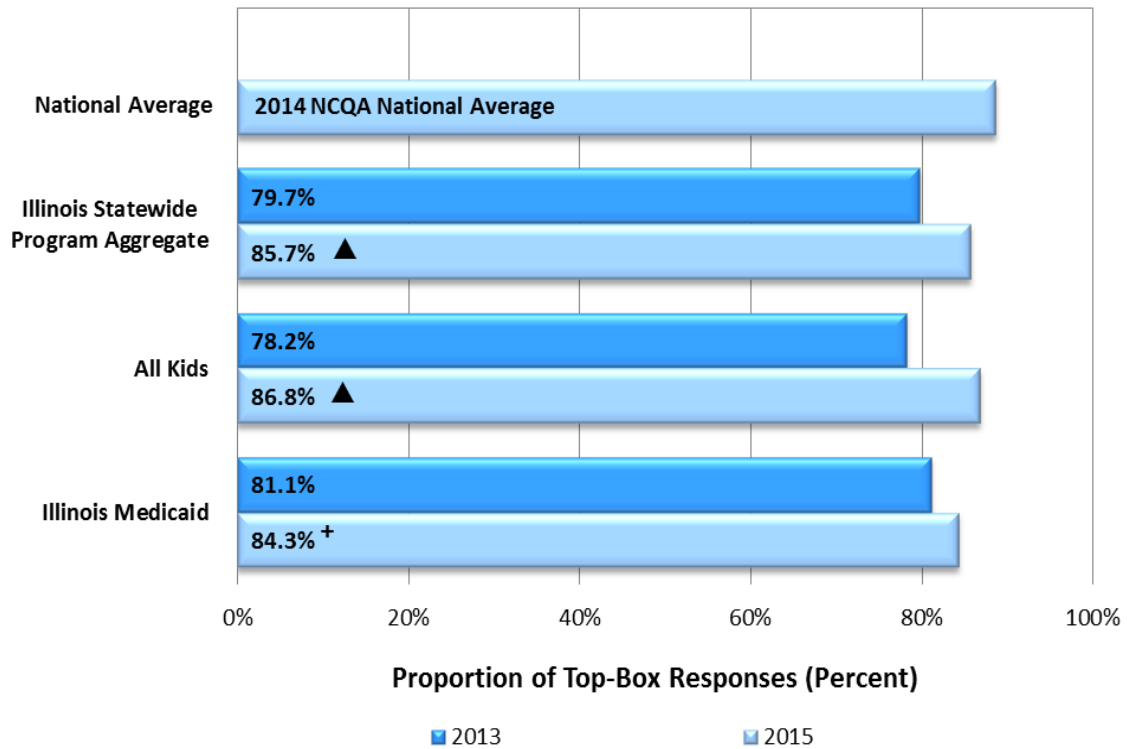
- ◆ **Question 50.** In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 51.** 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

For purposes of the trend analysis, HSAG calculated top-box rates for the Customer Service composite measure, which was defined as a response of "Usually" or "Always."

Figure 4-8 shows the Customer Service top-box rates.

Figure 4-8: Customer Service Top-Box Rates



Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
 ▼ indicates the 2015 score is significantly lower than the 2013 score

⁺ If the program had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Shared Decision Making

Three questions (Questions 11, 12, and 13 in the CAHPS Child Medicaid Health Plan Survey) were asked regarding the involvement of parents or caretakers in decision making when starting or stopping a prescription medicine for their child:^{4,7}

- ◆ **Question 11.** Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
 - Yes
 - No

- ◆ **Question 12.** Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
 - Yes
 - No

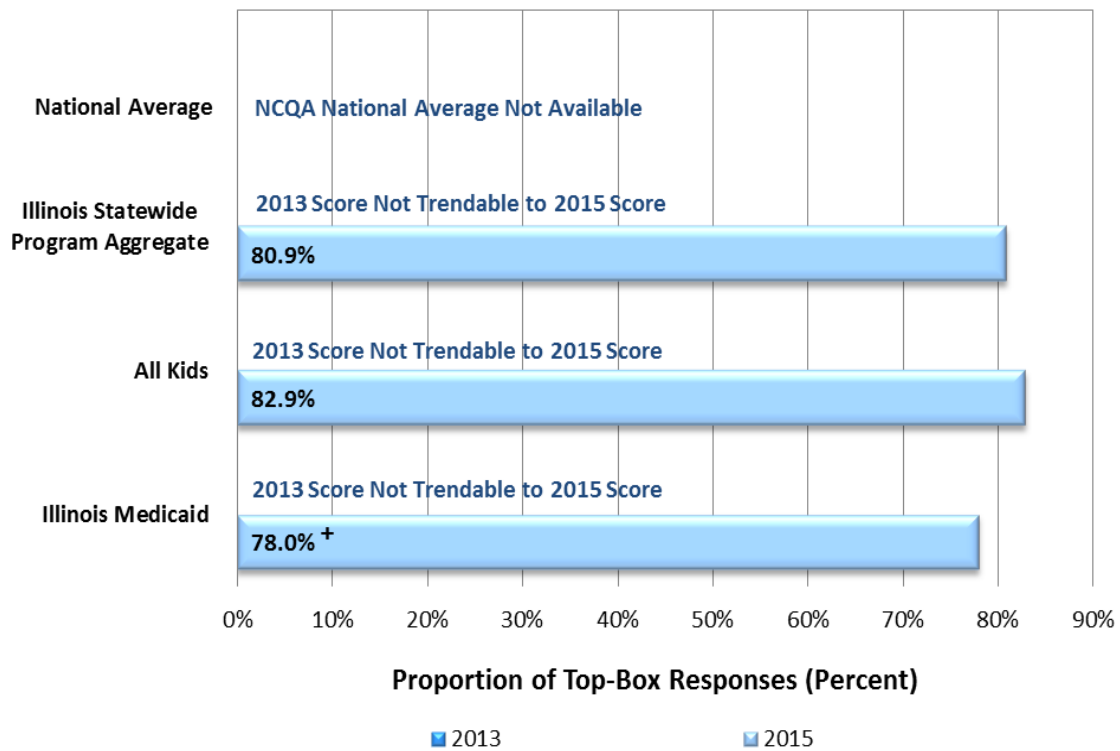
- ◆ **Question 13.** When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?
 - Yes
 - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Shared Decision Making composite measure, which was defined as a response of “Yes.”

^{4,7} Due to changes to the Shared Decision Making composite measure, comparisons to NCQA national averages and trending could not be performed for 2015.

Figure 4-9 shows the Shared Decision Making top-box rates.

Figure 4-9: Shared Decision Making Top-Box Rates



⁺ If the program had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Individual Item Measures

Coordination of Care

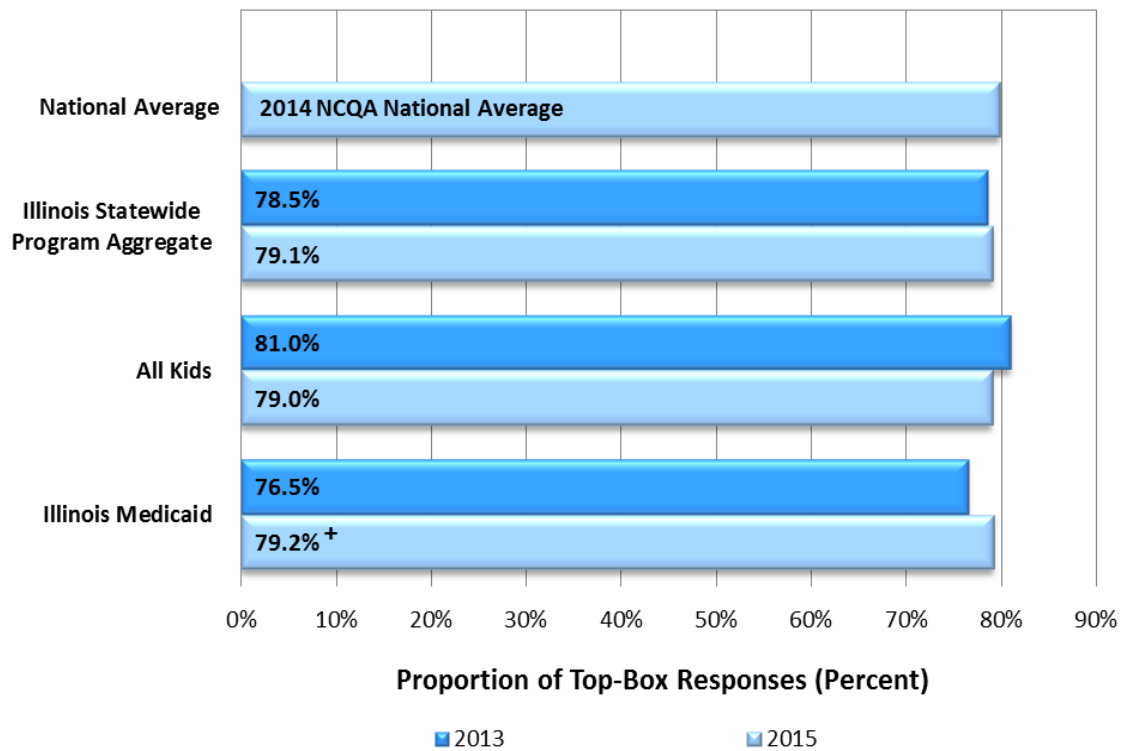
Parents or caretakers of child members were asked one question (Question 40 in the CAHPS Child Medicaid Health Plan Survey) to assess how often their child's personal doctor seemed informed and up-to-date about care their child had received from another doctor:

- ◆ **Question 40.** 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

For purposes of the trend analysis, HSAG calculated top-box rates for the Coordination of Care individual item measure, which was defined as a response of "Usually" or "Always."

Figure 4-10 shows the Coordination of Care top-box rates.

Figure 4-10: Coordination of Care Top-Box Rates



⁺ If the program had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Health Promotion and Education

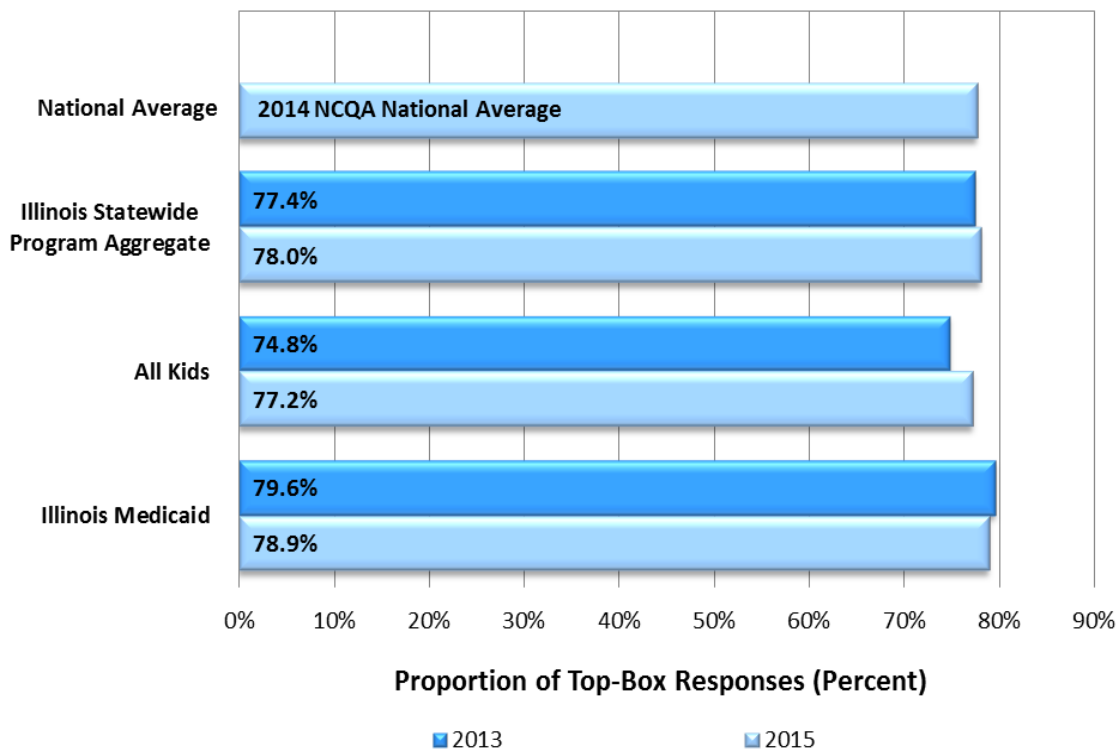
Parents or caretakers of child members were asked one question (Question 8 in the CAHPS Child Medicaid Health Plan Survey) to assess if their child’s doctor talked with them about specific things they could do to prevent illness in their child:

- ◆ **Question 8.** In the last 6 months, did you and your child’s doctor or other health provider talk about specific things you could do to prevent illness in your child?
 - Yes
 - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Health Promotion and Education individual item measure, which was defined as a response of “Yes.”

Figure 4-11 shows the Health Promotion and Education top-box rates.

Figure 4-11: Health Promotion and Education Top-Box Rates



CCC Composites and Items

Access to Specialized Services

Three questions (Questions 20, 23, and 26 in the CAHPS Child Medicaid Health Plan Survey) were asked to assess how often it was easy for parents or caretakers of child members to obtain access to specialized services for their child:

- ◆ **Question 20.** In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
 - Never
 - Sometimes
 - Usually
 - Always

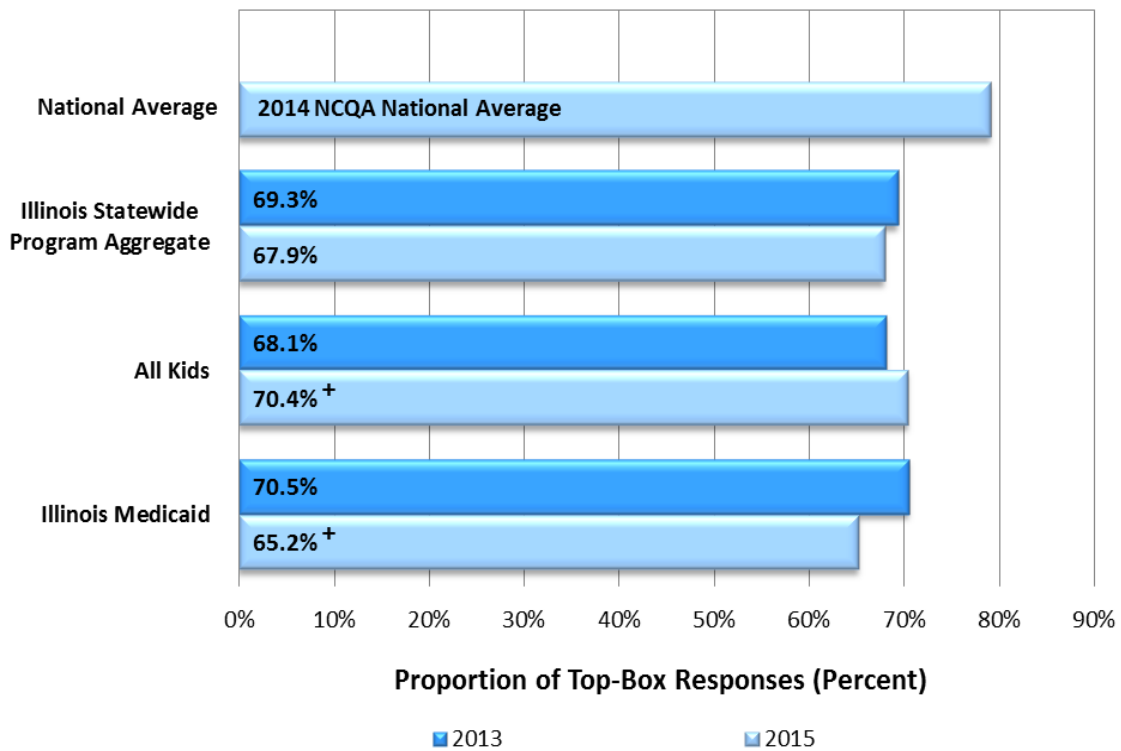
- ◆ **Question 23.** In the last 6 months, how often was it easy to get this therapy for your child?
 - Never
 - Sometimes
 - Usually
 - Always

- ◆ **Question 26.** In the last 6 months, how often was it easy to get this treatment or counseling for your child?
 - Never
 - Sometimes
 - Usually
 - Always

For purposes of the trend analysis, HSAG calculated top-box rates for the Access to Specialized Services composite, which was defined as a response of “Usually” or “Always.”

Figure 4-12 shows the Access to Specialized Services top-box rates.

Figure 4-12: Access to Specialized Services Top-Box Rates



+ If the program had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Family-Centered Care (FCC): Personal Doctor Who Knows Child

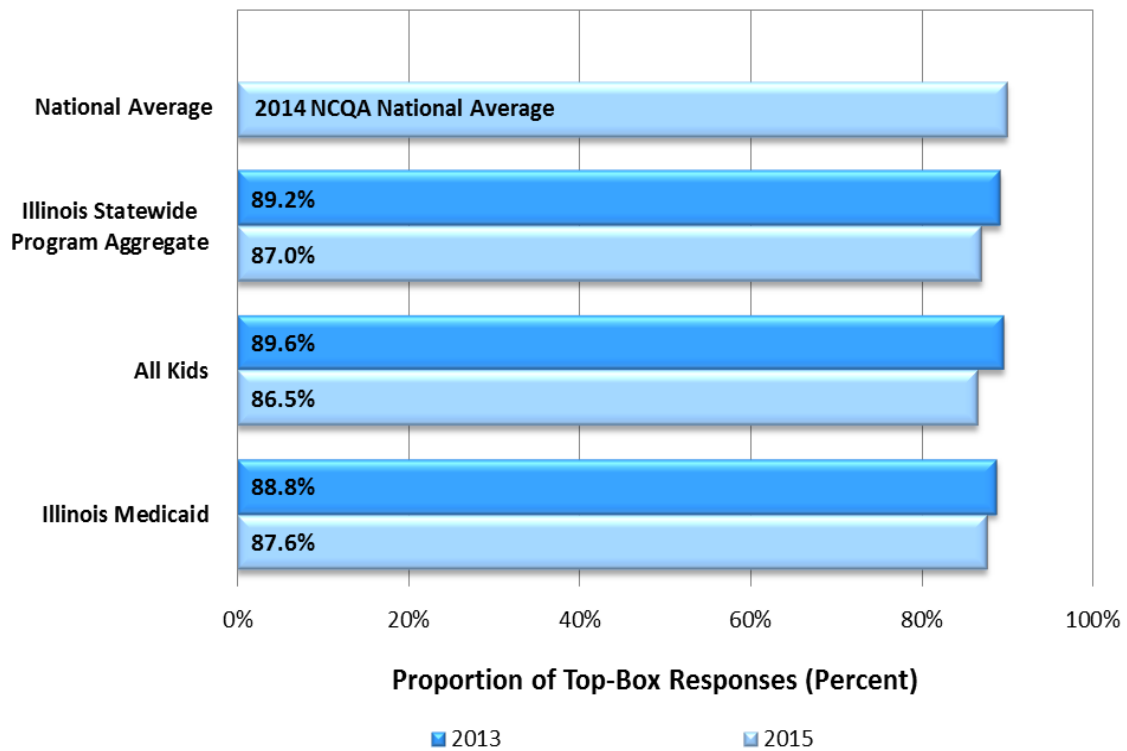
Three questions (Questions 38, 43, and 44 in the CAHPS Child Medicaid Health Plan Survey) were asked regarding whether the parents'/caretakers' child had a personal doctor who knew them:

- ◆ **Question 38.** 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
- ◆ **Question 43.** 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
- ◆ **Question 44.** 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

For purposes of the trend analysis, HSAG calculated top-box rates for the FCC: Personal Doctor Who Knows Child composite, which was defined as a response of "Yes."

Figure 4-13 shows the FCC: Personal Doctor Who Knows Child top-box rates.

Figure 4-13: FCC: Personal Doctor Who Knows Child Top-Box Rates



Coordination of Care for Children with Chronic Conditions

Two questions (Questions 18 and 29 in the CAHPS Child Medicaid Health Plan Survey) were asked regarding whether parents/caretakers received help in coordinating their child's care:

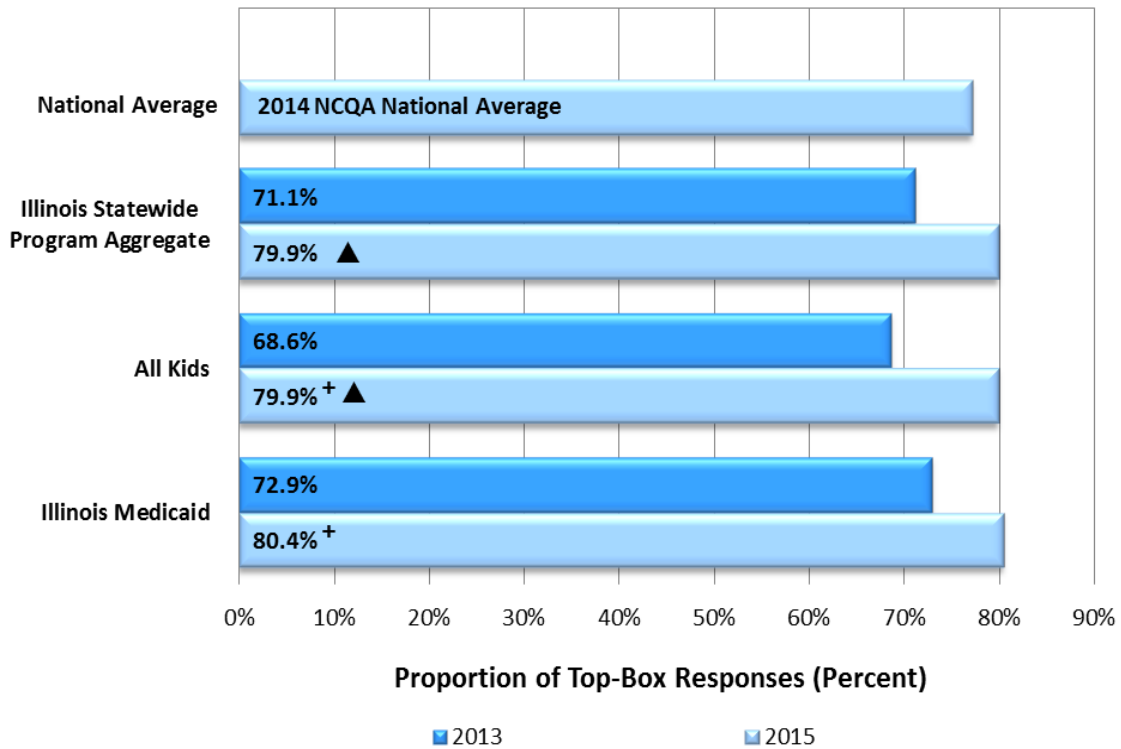
- ◆ **Question 18.** In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?
 - Yes
 - No

- ◆ **Question 29.** In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate you child's care among these different providers or services?
 - Yes
 - No

For purposes of the trend analysis, HSAG calculated top-box rates for the Coordination of Care for Children with Chronic Conditions composite, which was defined as a response of "Yes."

Figure 4-14 shows the Coordination of Care for Children with Chronic Conditions top-box rates.

Figure 4-14: Coordination of Care for Children with Chronic Conditions Top-Box Rates



Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
 ▼ indicates the 2015 score is significantly lower than the 2013 score

⁺ If the program had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.

Access to Prescription Medicines

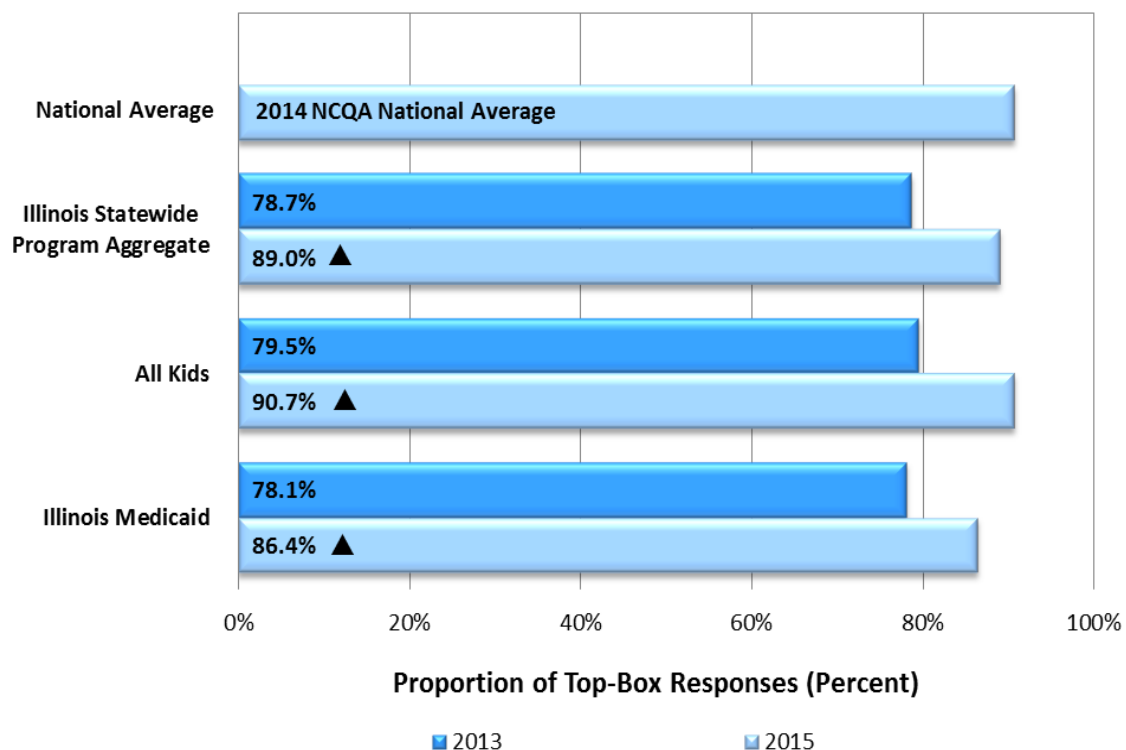
One question (Question 56 in the CAHPS Child Medicaid Health Plan Survey) was asked to assess how often it was easy for parents/caretakers to obtain prescription medicines for their child through their health plan:

- ◆ **Question 56.** 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

For purposes of the trend analysis, HSAG calculated top-box rates for the Access to Prescription Medicines item, which was defined as a response of “Usually” or “Always.”

Figure 4-15 shows the Access to Prescription Medicines top-box rates.

Figure 4-15: Access to Prescription Medicines Top-Box Rates



Statistical Significance Note: ▲ indicates the 2015 score is significantly higher than the 2013 score
 ▼ indicates the 2015 score is significantly lower than the 2013 score

FCC: Getting Needed Information

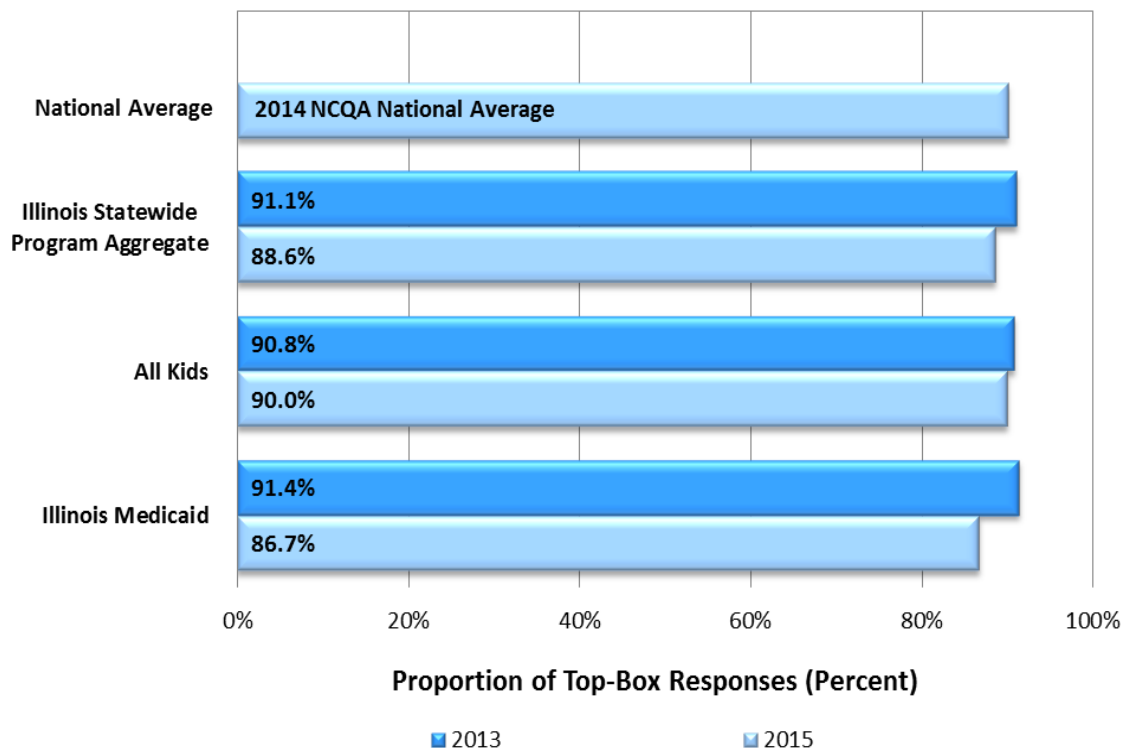
One question (Question 9 in the CAHPS Child Medicaid Health Plan Survey) was asked to assess how often parents'/caretakers' questions were answered by their child's doctors or other health providers:

- ◆ **Question 9.** 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

For purposes of the trend analysis, HSAG calculated top-box rates for the FCC: Getting Needed Information item, which was defined as a response of "Usually" or "Always."

Figure 4-16 shows the FCC: Getting Needed Information top-box rates.

Figure 4-16: FCC: Getting Needed Information Top-Box Rates



Summary of Trend Analysis Results

Table 4-1 provides a summary of the statistically significant differences from the trend analysis of the CCC results.

Table 4-1: Trend Analysis Highlights			
	Illinois Statewide Program Aggregate	All Kids	Illinois Medicaid
Composite Measures			
Getting Care Quickly	—	—	▼
How Well Doctors Communicate	—	—	▼
Customer Service	▲	▲	—
Individual Item Measures			
Coordination of Care	▲	▲	—
CCC Composites/Items			
Access to Prescription Medicines	▲	▲	▲
▲ statistically significantly higher in 2015 than in 2013. ▼ statistically significantly lower in 2015 than in 2013. — indicates the 2015 score is not statistically significantly different than the 2013 score.			

Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for three measures: Rating of All Health Care, Rating of Health Plan, and Rating of Personal Doctor.⁵⁻¹ The analysis provides information on: 1) how well the Illinois Statewide Program Aggregate is performing on the survey item (i.e., question), and 2) how important the item is to overall satisfaction.

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

Table 5-1: Illinois Statewide Program Aggregate Key Drivers of Satisfaction	
Rating of All Health Care	
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for their child.	
Respondents reported that it was not always easy to get the care, tests, or treatment they thought their child needed through his/her health plan.	
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.	
Respondents reported that it was often not easy for their child to obtain appointments with specialists.	
Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.	
Rating of Health Plan	
Respondents reported that when they talked about their child starting or stopping a prescription medicine, a doctor or other health provider did not ask what they thought was best for their child.	
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.	
Respondents reported that it was often not easy for their child to obtain appointments with specialists.	
Respondents reported that their child’s health plan’s customer service did not always give them the information or help they needed.	
Respondents reported that forms from their child’s health plan were often not easy to fill out.	
Rating of Personal Doctor	
Respondents reported that their child’s personal doctor did not talk with them about how their child is feeling, growing, or behaving.	
Respondents reported that their child’s personal doctor did not always seem informed and up-to-date about the care their child received from other doctors or health providers.	

⁵⁻¹ The key drivers of satisfaction analysis was based on the results of the general child population only.

Recommendations for Future Study

HSAG recommends the continued administration of the CAHPS Child Medicaid Health Plan Survey to the All Kids and Illinois Medicaid programs in fiscal year (FY) 2015-2016. If HFS is interested in further evaluating member satisfaction at a more granular level (e.g., comparisons of Fee-for-Service and managed care plans), HSAG recommends HFS modify the sampling approach utilized to accommodate this level of reporting.

Additionally, HSAG recommends that HFS evaluate the approach used for generating the CAHPS survey sample frames, such that the sample frames provided to HSAG include the entire eligible population of members, rather than reduced sample frames. This will ensure that the generated sample frames align with NCQA's revised protocol for sampling.

Quality Improvement References

The CAHPS surveys were originally developed to meet the need of consumers for usable, relevant information on quality of care from the members' perspectives. However, they also play an important role as a quality improvement (QI) tool for healthcare organizations, which can use the standardized data and results to identify relative strengths and weaknesses in their performance, determine where they need to improve, and track their progress over time. The following references offer guidance on possible approaches to CAHPS-related QI activities.

AHRQ Health Care Innovations Exchange Web site. *Expanding Interpreter Role to Include Advocacy and Care Coordination Improves Efficiency and Leads to High Patient and Provider Satisfaction*. Available at: <https://innovations.ahrq.gov/profiles/expanding-interpreter-role-include-advocacy-and-care-coordination-improves-efficiency-and>. Accessed on: August 1, 2015.

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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 administered to child members in the All Kids and Illinois Medicaid programs.

- Answer each question by marking the box with blue or black ink to the left of your answer. Like this .
- You are sometimes told to skip over some questions in this survey. When this happens you will see a note that tells you what question to answer next, like this: Yes**If Yes, Go to Question 1**
 No

Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations. You may choose to answer this survey or not. If you choose not to, this will not affect the 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 The Myers Group at 1-800-692-0041.

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
[Program Name]
 Is that right?
₁ Yes**If Yes, Go to Question 3**
₂ 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?
₁ Yes
₂ No**If 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?
₁ Never
₂ Sometimes
₃ Usually
₄ 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?
₁ Yes
₂ No**If 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?
₁ Never
₂ Sometimes
₃ Usually
₄ 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?
₁ None**If None, Go to Question 16**
₂ 1 time
₃ 2
₄ 3
₅ 4
₆ 5 to 9
₇ 10 or more times
8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
₁ Yes
₂ No
9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
₁ Never
₂ Sometimes
₃ Usually
₄ Always
10. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?
₁ Yes
₂ No**If No, Go to Question 14**
11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
₁ Yes
₂ No
12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
₁ Yes
₂ No
13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?
₁ Yes
₂ No

14. 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?
- | | | | | | | | | | | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--|--|--|
| Worst health care possible | | | | | | | | | | Best health care possible | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
16. Is your child now enrolled in any kind of school or daycare?
- ₁ Yes
₂ No **If No, Go to Question 19**
17. 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?
- ₁ Yes
₂ No **If No, Go to Question 19**
18. 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?
- ₁ Yes
₂ No

SPECIALIZED SERVICES

19. 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?
- ₁ Yes
₂ No **If No, Go to Question 22**
20. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
21. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?
- ₁ Yes
₂ No
22. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?
- ₁ Yes
₂ No **If No, Go to Question 25**
23. In the last 6 months, how often was it easy to get this therapy for your child?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?
- ₁ Yes
₂ No

25. 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?
- ₁ Yes
₂ No **If No, Go to Question 28**
26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
27. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?
- ₁ Yes
₂ No
28. 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?
- ₁ Yes
₂ No **If No, Go to Question 30**
29. 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?
- ₁ Yes
₂ No

YOUR CHILD'S PERSONAL DOCTOR

30. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?
- ₁ Yes
₂ No **If No, Go to Question 45**
31. In the last 6 months, how many times did your child visit his or her personal doctor for care?
- ₁ None **If None, Go to Question 41**
₂ 1 time
₃ 2
₄ 3
₅ 4
₆ 5 to 9
₇ 10 or more times
32. 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?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
33. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

35. Is your child able to talk with doctors about his or her health care?
₁ Yes
₂ No **If No, Go to Question 37**
36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?
₁ Never
₂ Sometimes
₃ Usually
₄ Always
37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?
₁ Never
₂ Sometimes
₃ Usually
₄ Always
38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?
₁ Yes
₂ No
39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?
₁ Yes
₂ No **If No, Go to Question 41**
40. 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?
₁ Never
₂ Sometimes
₃ Usually
₄ Always
41. 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?
- | | |
|--------------------------------|-------------------------------|
| Worst personal doctor possible | Best personal doctor possible |
| 0 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 9 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 8 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 7 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 6 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | 3 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | 2 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | 1 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> |
42. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?
₁ Yes
₂ No **If No, Go to Question 45**
43. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?
₁ Yes
₂ No
44. 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?
₁ Yes
₂ 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.

45. 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?
₁ Yes
₂ No **If No, Go to Question 49**
46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?
₁ Never
₂ Sometimes
₃ Usually
₄ Always
47. How many specialists has your child seen in the last 6 months?
₁ None **If None, Go to Question 49**
₂ 1 specialist
₃ 2
₄ 3
₅ 4
₆ 5 or more specialists
48. 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?
- | | |
|---------------------------|--------------------------|
| Worst specialist possible | Best specialist possible |
| 0 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 9 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 8 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 7 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 6 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | 3 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | 2 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | 1 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> |

YOUR CHILD'S HEALTH PLAN

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

49. In the last 6 months, did you get information or help from customer service at your child's health plan?
₁ Yes
₂ No **If No, Go to Question 52**
50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
₁ Never
₂ Sometimes
₃ Usually
₄ Always
51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?
₁ Never
₂ Sometimes
₃ Usually
₄ Always
52. In the last 6 months, did your child's health plan give you any forms to fill out?
₁ Yes
₂ No **If No, Go to Question 54**

53. In the last 6 months, how often were the forms from your child's health plan easy to fill out?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
54. 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?
- | | |
|----------------------------|---------------------------|
| Worst health plan possible | Best health plan possible |
| 0 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 9 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 8 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 7 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 6 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | 4 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | 3 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | 2 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | 1 |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | 0 |
| <input type="checkbox"/> | <input type="checkbox"/> |

PRESCRIPTION MEDICINES

55. In the last 6 months, did you get or refill any prescription medicines for your child?
- ₁ Yes
₂ No **If No, Go to Question 58**
56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?
- ₁ Yes
₂ No

ABOUT YOUR CHILD AND YOU

58. In general, how would you rate your child's overall health?
- ₁ Excellent
₂ Very Good
₃ Good
₄ Fair
₅ Poor
59. In general, how would you rate your child's overall mental or emotional health?
- ₁ Excellent
₂ Very Good
₃ Good
₄ Fair
₅ Poor
60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?
- ₁ Yes
₂ No **If No, Go to Question 63**
61. Is this because of any medical, behavioral, or other health condition?
- ₁ Yes
₂ No **If No, Go to Question 63**
62. Is this a condition that has lasted or is expected to last for at least 12 months?
- ₁ Yes
₂ No

63. 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?
- ₁ Yes
₂ No **If No, Go to Question 66**
64. Is this because of any medical, behavioral, or other health condition?
- ₁ Yes
₂ No **If No, Go to Question 66**
65. Is this a condition that has lasted or is expected to last for at least 12 months?
- ₁ Yes
₂ No
66. 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?
- ₁ Yes
₂ No **If No, Go to Question 69**
67. Is this because of any medical, behavioral, or other health condition?
- ₁ Yes
₂ No **If No, Go to Question 69**
68. Is this a condition that has lasted or is expected to last for at least 12 months?
- ₁ Yes
₂ No
69. Does your child need or get special therapy such as physical, occupational, or speech therapy?
- ₁ Yes
₂ No **If No, Go to Question 72**
70. Is this because of any medical, behavioral, or other health condition?
- ₁ Yes
₂ No **If No, Go to Question 72**
71. Is this a condition that has lasted or is expected to last for at least 12 months?
- ₁ Yes
₂ No
72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
- ₁ Yes
₂ No **If No, Go to Question 74**
73. Has this problem lasted or is it expected to last for at least 12 months?
- ₁ Yes
₂ No
74. What is your child's age?
- ₀₀ Less than 1 year old
- YEARS OLD (*write in*)
75. Is your child male or female?
- ₁ Male
₂ Female
76. Is your child of Hispanic or Latino origin or descent?
- ₁ Yes, Hispanic or Latino
₂ No, not Hispanic or Latino

77. What is your child's race? Mark one or more.
- _A White
 - _B Black or African-American
 - _C Asian
 - _D Native Hawaiian or other Pacific Islander
 - _E American Indian or Alaska Native
 - _F Other
78. What is your age?
- ₁ Under 18
 - ₂ 18 to 24
 - ₃ 25 to 34
 - ₄ 35 to 44
 - ₅ 45 to 54
 - ₆ 55 to 64
 - ₇ 65 to 74
 - ₈ 75 or older
79. Are you male or female?
- ₁ Male
 - ₂ Female
80. What is the highest grade or level of school that you have completed?
- ₁ 8th grade or less
 - ₂ Some high school, but did not graduate
 - ₃ High school graduate or GED
 - ₄ Some college or 2-year degree
 - ₅ 4-year college graduate
 - ₆ More than 4-year college degree
81. How are you related to the child?
- ₁ Mother or father
 - ₂ Grandparent
 - ₃ Aunt or uncle
 - ₄ Older brother or sister
 - ₅ Other relative
 - ₆ Legal guardian
 - ₇ Someone else
82. Did someone help you complete this survey?
- ₁ Yes **If Yes, Go to Question 83**
 - ₂ No **If No, Go to Question 84**
83. How did that person help you? Mark one or more.
- _A Read the questions to me
 - _B Wrote down the answers I gave
 - _C Answered the questions for me
 - _D Translated the questions into my language
 - _E Helped in some other way
84. In the last 6 months, how many times did your child go to an emergency room for care?
- ₁ None
 - ₂ 1
 - ₃ 2
 - ₄ 3
 - ₅ 4
 - ₆ 5 to 9
 - ₇ 10 or more
85. After hours care is health care when your child's usual doctor's office or clinic is closed. In the last 6 months, did your child need to visit a doctor's office or clinic for after hours care?
- ₁ Yes
 - ₂ No **If No, Go to Question 87**
86. In the last 6 months, how often was it easy to get the after hours care you thought you needed for your child?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
 - ₅ My child did not need after hours care in the last 6 months
87. In the last 6 months, how often was it easy to get a referral to a specialist that your child needed to see?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
 - ₅ My child did not need to get a referral for a specialist in the last 6 months