Children with Special Health Care Needs: Quality of Care in the Medicaid Managed Care and Children's Health Insurance Programs in Texas

Measurement Period: Fiscal Years 2005 and 2006

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Overview

Report Title:	**Children with Special Health Care Needs: Quality of Care in the Medicaid Managed Care and Children's Health Insurance Programs in Texas**
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Purpose and Introduction

Based on estimates from the National Survey of Children with Special Health Care Needs (CSHCN), 13 percent of children nationally and 12 percent of children in Texas under 18 years old have special health care needs.[1] The Maternal and Child Health Bureau (MCHB) defines CSHCN as children:[2]

> "…who have or are at elevated risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount not usually required by children."

The CSHCN Screener is used on the National Survey and in Texas as part of the State external quality review program to identify these children.[3,4] Using the CSHCN Screener, an estimated 22 percent of children enrolled in the Children's Health Insurance Program (CHIP) in Texas in State Fiscal Year (SFY) 2006 and an estimated 18 percent in the STAR Managed Care Organization (MCO) Program and 22 percent in the Primary Care Case Management (PCCM) Program in SFY 2005 were identified as having a special health care need.[5,6] Thus, Texas has a higher percentage of CSHCN enrolled in its public insurance programs than what might be expected based on national and state population estimates. CSHCN are particularly vulnerable to poor health care outcomes and require close monitoring to ensure that they have access to high quality health care.[7,8] The Texas Health and Human Services Commission (HHSC) asked

[1] Blumberg, S, Osborn N, Luke, J, et al. 2003. Estimating the Prevalence of Uninsured Children: An Evaluation of the Data from the National Survey of Children with Special Health Care Needs, 2001. Centers for Disease Control and Prevention, National Center for Health Statistics.
[2] McPherson M, Arango P, Fox H, et al. 1998. A new definition of children with special health care needs. *Pediatrics* 102:137 –140.
[3] Bethell CD, Read D, Stein REK, Blumberg SJ, Wells N, and Newacheck PW. 2002 "Identifying Children With Special Health Care Needs: Development And Evaluation of a Short Screening Instrument." *Ambulatory Pediatric* 2:38-48.
[4] The CSHCN Screener uses parent report to assess whether the child has special health care needs and is described fully in the section entitled "Measures".
[5] The Institute for Child Health Policy: External Quality Review Organization. 2005. The Texas STAR Managed Care Organization and Primary Care Case Management Child Enrollee CAHPS® Health Plan Survey Report Fiscal Year 2005. Gainesville, Florida: The University of Florida.
[6] The Institute for Child Health Policy: External Quality Review Organization. 2006. The Children's Health Insurance Program in Texas: The Established Enrollee Survey Report Fiscal Year 2006. Gainesville, Florida: The University of Florida.
[7] Kuhlthau DA, Beal AC, Ferris TG, Perrin JM. 2002. Comparing a Diagnosis List with a Survey Method to Identify Children with Chronic Conditions in an Urban Health Center. *Journal of Ambulatory Pediatrics* 2:58-62.

the Institute for Child Health Policy (ICHP)—the State External Quality Review Organization (EQRO)—to conduct special analyses examining the quality of care that CSHCN receive while enrolled in the STAR MCO and PCCM programs and in CHIP.

The purpose of this report is to describe the following:

- The experiences of families of CSHCN in obtaining care for their children in using the Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[9] Health Plan Survey.
- The quality of care that CSHCN receive using the following Health Plan Employer Data and Information Set (HEDIS®)[10] performance measures:
  - Well-child visits in the 3rd, 4th, 5th, and 6th years of life,
  - Adolescent well care visits,
  - Access to ambulatory care services, and
  - Use of appropriate medications for asthma.
- The rate of inpatient admissions for asthma, diabetes, gastroenteritis, perforated appendix, and urinary tract infections (UTIs) using the Agency for Health Care Research and Quality (AHRQ) Pediatric Quality Indicators (PDIs) specifications[11] for CSHCN.

Summary of Major Findings

- Texas has a higher percentage of CSHCN in their public insurance programs than in the general population. For example, based on parent report using the CSHCN Screener, 22 percent of children in the PCCM Program, 22 percent in CHIP, and 18 percent in the STAR MCO Program have special health care needs. In comparison, an estimated 12 percent of children in Texas have special needs based on parent report on the National Survey of CSHCN, which uses the CSHCN Screener.
- The CAHPS® Health Plan Survey measures 11 domains of care that are important for all CSHCN to receive. Families with CSHCN in CHIP reported "usually" to "always" having positive experiences in nine of the 11 domains. Families of CSHCN in the STAR MCO and PCCM programs reported "usually" to "always" having positive experiences in eight of the 11 and seven of the 11 domains, respectively.
- Scores for "getting care quickly" and "care coordination" were significantly higher for CSHCN than for healthy children in each of the programs. However, none of the programs achieved an average composite score of 75 points or higher for these domains. Scores of 75 points or higher indicate the families "usually" to "always" have a positive experience in that domain.
- The score on access to specialized services fell below 75 points (71.04) for CSHCN in the STAR MCO Program. Families in the PCCM Program and in CHIP rated their experiences regarding access to specialized services more positively (83 and 77 points, respectively).
- In the STAR MCO Program and in CHIP, CSHCN had significantly higher scores than healthy children on having a personal doctor for their usual source of care. In the PCCM

[8] Newacheck P, McManus M, Fox H, Hung Y, Halfon N. 2000. Access to Health Care for Children with Special Health Care Needs. *Pediatrics* 105:760-766.
[9] National Committee for Quality Assurance. HEDIS® 2005: Specifications for Survey Measures. Washington, D.C.: 2004.
[10] National Committee for Quality Assurance. Health Plan Employer Data and Information Set. http://www.ncqa.org/Programs/HEDIS/ . Accessed July 23, 2006.
[11] Agency for Health Care Research and Quality. Pediatric Quality Indicators. http://www.qualityindicators.ahrq.gov/pdi_overview.htm. Accessed July 23, 2006.

Program, a higher percentage of CSHCN have a personal doctor or nurse when compared to healthy children, but the differences are not significant.

- Based on HEDIS® quality of care indicators, CSHCN have excellent access to primary care services. Overall 90 to 98 percent of children have access to primary care services, depending on the age cohort and the program. Among CSHCN, 96 to 100 percent have access to primary care services, depending on their health status, age, and the program.
- The percentage of children between the ages of three and six years with one or more preventive care visits is higher for CSHCN than for children who are healthy. This same pattern is observed for adolescent well care visits.
- The percentage of children receiving appropriate medications for asthma was the highest among those with moderate to major chronic conditions. For example, in the STAR MCO Program among children ages five to nine years, 84 percent of children classified with major chronic conditions were receiving appropriate medications for asthma compared to 48 percent of those classified with minor chronic conditions.

EQRO Recommendations

The Texas Health and Human Services Commission (HHSC) may wish to consider the following strategies:

- **Strategies to increase performance related to getting care quickly and care coordination should be explored.** Both of these areas fell below the 75 point criterion. Strategies should be developed to address deficiencies in these areas including: (1) reviewing MCO provider panels to ensure adequate numbers of providers, (2) reviewing authorization procedures to ensure that care can be rendered quickly, and (3) reviewing care coordination strategies used in each of the programs.
- **Strategies to increase access to specialized services in the STAR MCO Program should be explored.** CSHCN often need an array of specialized services. The score in this area of the STAR MCO Program fell below 75 points. Strategies should be developed to examine (1) MCO prior authorization procedures for specialized services and (2) care coordination strategies to assist families in obtaining needed services.

Methods

Sample Selection Procedures

The samples used in this report vary, depending on the quality of care indicator used. A description of the sample selection procedure for the different indicators is described in the following paragraphs.

1) Quality of Care Indicators Relying on Telephone Survey Data: The CAHPS® Health Plan Survey

Telephone surveys using the CAHPS® Health Plan Survey 3.0 Medicaid module and CSHCN question supplement were conducted between April 2005 and July 2005 with families whose children were enrolled in the STAR MCO Program or the PCCM Program. Families whose children were enrolled in CHIP were interviewed using the same instrument between December 2005 and April 2006. The STAR MCO and PCCM surveys are alternated every other year with the CHIP surveys.

For the Medicaid surveys, a stratified random sample of families was selected to participate. To be eligible for inclusion in the sample, the child had to be enrolled in either the Texas STAR MCO or the PCCM Program for nine continuous months in the past year. This criterion was chosen to ensure that the family had sufficient experience with the program to respond to the questions. The sample was stratified to include representation from the PCCM Program and the eight STAR MCOs. Two MCOs—Amerigroup and Superior—were further sub-divided by Service Delivery Area (SDA). There were a total of 12 strata for the STAR MCO Program and one stratum for the PCCM Program. This sample was drawn and the survey conducted prior to the PCCM expansion and was a statewide random sample.

For the STAR MCO Program, a target was set of 3,600 completed telephone surveys. There were 3,606 completed surveys for STAR respondents. The target for the PCCM Program was 400. There were 400 completed surveys for PCCM respondents. A complete description of the sampling strategies and response rates for this survey is contained in the original report[12] and is also included in Appendix A of this report.

For CHIP, a stratified random sample of families was selected to participate. To be eligible for inclusion in the sample, the child had to be enrolled in CHIP in Texas for 12 continuous months in the past year. This criterion was chosen to ensure that the family had sufficient experience with the program to respond to the questions. The sample was stratified to include representation from the 13 CHIP MCOs. A target was set of 3,900 completed telephone surveys and 3,904 surveys were obtained. A complete description of the sampling strategies and response rates for this survey is contained in the original report[13] and is also included in Appendix B of this report.

[12] The Institute for Child Health Policy: External Quality Review Organization. 2005. The Texas STAR Managed Care Organization and Primary Care Case Management Child Enrollee CAHPS® Health Plan Survey Report Fiscal Year 2005. Gainesville, Florida: The University of Florida.

[13] The Institute for Child Health Policy: External Quality Review Organization. 2006. The Children's Health Insurance Program in Texas: The Established Enrollee Survey Report Fiscal Year 2006. Gainesville, Florida: The University of Florida.

The survey data collection methods for both surveys were identical. These methods were described in the original reports and additional information is contained in Appendix C of this report.

For this report, survey responses from families with CSHCN are compared to those of families with healthy children. The surveys for the STAR MCO Program and CHIP were grouped to allow for comparisons in responses between Service Delivery Areas (SDAs). The PCCM sample only allows for a statewide assessment.

2) Quality of Care Indicators Relying on Administrative Data: The HEDIS® Measures and PDIs

The HEDIS® and PDI quality of care measures rely on administrative data—enrollment files, health care claims, and encounter data. These data sources are described in detail in the next section. The measures require at least one year of health care claims and encounter data for their calculations. Therefore, the base time frame used to prepare the measures is September 1, 2004, to August 31, 2005. The HEDIS® and PDI measures have specific technical specifications that define the populations that can be included in each measure. A census of all children who met the criteria for inclusion was included in the calculations. This report relies on existing datasets created for other reports provided to HHSC. Existing datasets were available to calculate the HEDIS® and PDI measures for the STAR MCO Program and for CHIP but not for the PCCM Program.

Data Sources

Four data sources were used in this report. First, enrollment files containing information about the child's age, gender, the MCO in which the child is enrolled, and the number of months the child was enrolled in the program were provided to ICHP. These files were used to (1) identify the children who met the sample selection criteria for telephone survey participation, (2) obtain contact information for the families, (3) compare the sociodemographic characteristics of survey participants compared to those not located or those refusing to participate, and 4) assess whether children met the enrollment criteria necessary to be included in the calculation of the HEDIS® measures. Enrollees who switched health plans during the time periods studied were not included in the analyses. Enrollees switching health plans comprise approximately three percent of the total pool. Omitting this group does not have a significant impact on the results.

Second, person-level claims and encounter data were provided to ICHP by HHSC and the MCOs participating in the STAR MCO Program and the MCOs/EPO in CHIP. The person-level claims/encounter data contain Physician's Current Procedural Terminology (CPT) codes, International Classification of Diseases, 9th Revision (ICD 9-CM) codes, place of service (POS) codes, and other information necessary to calculate the quality of care indicators.

Third, person-level pharmacy data containing information about filled prescriptions including the drug name, dose, date filled, and refill information was used. Fourth, telephone survey data from families who participated in the STAR MCO, PCCM, and CHIP surveys were used.

As previously described, the STAR MCO and PCCM telephone surveys were conducted between April 2005 and July 2005 and the CHIP surveys were conducted between December 2005 and April 2006. The HEDIS® and PDI quality of care measures were calculated using the time frame of September 1, 2004, through August 31, 2005.

Measures

1) Identifying CSHCN

Two methods were used to identify CSHCN, depending on the data source. First, the CSHCN Screener was used to identify CSHCN for analyses using telephone survey data. This instrument uses parent report to assess whether the child (1) has activity limitations when compared to other children of his or her age, (2) needs or uses medications, (3) needs or uses specialized therapies such as physical therapy, (4) has an above-routine need for the use of medical, mental health, or educational services, or (5) needs or receives treatment or counseling for an emotional, behavioral, or developmental problem. If the child had one or more of the consequences listed above due to a condition that had lasted or was expected to last for 12 months or longer, then he or she was considered to have special health care needs.[14]

Second, the Clinical Risk Groups (CRGs) were used to categorize children into one of five health status categories for analyses using health care claims and encounter data.[15,16] The CRGs use over 2000 ICD 9-CM codes and some CPT codes from all health care encounters to assign enrollees to a health status category. The CRGs were used because it provides a practical method to categorize enrollees' health statuses using administrative data.

Five CRG health status categories were used in these analyses: 1) healthy (including enrollees who have not used health care services and those whose underlying chronic condition was not recorded in the claims data but were seen for routine care or whose primary expenditures were pharmacy services), 2) significant acute conditions (acute illnesses that could be precursors to or place the person at risk for developing a chronic disease, including head injury with coma, prematurity, and meningitis), 3) minor chronic conditions (illnesses that can usually be managed effectively with few complications, including attention deficit/hyperactive disorder (ADHD) and hearing loss), 4) moderate chronic conditions (illnesses that are variable in their severity and progression, can be complicated, and require extensive care, including asthma, epilepsy, and major depressive disorders), and 5) major chronic conditions (illnesses that are serious, and often result in progressive deterioration, debility, and death, including active malignant conditions, cystic fibrosis, spina bifida, and end stage renal disease on dialysis). To ensure a sufficient diagnostic history to classify individuals accurately, children one year of age and older had to be enrolled for at least six months and those under one year of age had to be enrolled for at least three months.

2) Assessing Parental Experiences with Their Children's Health Care

The CAHPS® Health Plan Survey, Version 3.0, Medicaid module with supplemental questions addressing care for CSHCN, was used to assess families' experiences with their children's

[14] Bethell CD, Read D, Stein REK, Blumberg SJ, Wells N, and Newacheck PW. 2002 "Identifying Children With Special Health Care Needs: Development And Evaluation of a Short Screening Instrument." *Ambulatory Pediatrics* 2:38-48.
[15] Neff, J., Sharp, V., Muldoon, J., Graham, J., Popalisky, J., and Gay, J.C. Identifying and Classifying Children With Chronic Conditions Using Administrative Data With the Clinical Risk Group Classification System. *Ambulatory Pediatrics* 2002, 2(1): 1-79.
[16] Hughes, J.S., Averill, R.F., Eisenhandler, J., Goldfield, N.I., Muldoon, J., Neff, J.M., and Gay, J.C. Clinical Risk Groups (CRGs): a classification system for risk-adjusted capitation-based payment and health care management. *Medical Care.* 2004, *42*(1):81-90.

health care.[17] CAHPS® Health Plan Survey reporting composites, which are scores that combine results for closely related survey items, were used to provide comprehensive yet concise results for multiple survey questions.[18] Composite scores were obtained using the CAHPS® Health Plan Survey items to address parents' experiences with (1) getting needed care, (2) getting care quickly, (3) doctor's communication, (4) interactions with the doctor's office staff, (5) health plan customer service, (6) obtaining prescription medicine, (7) getting specialized services for their children, (8) having a personal doctor or nurse, (9) shared decision making, (10) getting needed information, and (11) coordination of their child's care. Using this composite scoring method, a mean score was calculated for each of the eleven areas that could range from 0 to 100 points with higher scores indicating greater satisfaction. A list of the questions included in each composite is contained in Appendix D.

3) Quality of Care Indicators

The National Committee for Quality Assurance (NCQA) technical specifications were followed to measure the quality of care of children using the following HEDIS® measures: (1) well-child visits in the 3rd, 4th, 5th, and 6th years of life, (2) adolescent well care visits, (3) access to ambulatory care services, and (4) use of appropriate medications for asthma. The AHRQ PDI measures also were used to assess the quality of care that children received. The PDIs are calculated using inpatient discharge data. Specifically, PDIs screen for inpatient stays that were potentially avoidable with better access to care in the outpatient setting. All indicators are reported for each CRG health status category.

Data Analysis

Descriptive statistics, such as percentages, are used in this report. In addition, T-tests were used to compare the differences in CAHPS® Health Plan Survey scores for CSHCN versus healthy children within programs. Analysis of variance (ANOVA) was used to examine differences in composite scores between the three programs.

Results

Estimates of the Numbers of CSHCN

Based on the telephone survey data, an estimated 22 percent (N=859) of children in CHIP, 22 percent (N=88) in the PCCM Program, and 18 percent (N=649) in the STAR MCO Program have special health care needs. The CHIP estimates are from SFY 2006 and the STAR MCO and PCCM Program estimates are from SFY 2005.

Table 1 contains a summary of the children's health status using the CRGs in the STAR MCO Program (Temporary Assistance for Needy Families, TANF eligibility category) and in CHIP for SFY 2005. The numbers of children presented represent those who met the enrollment criteria for classification (i.e., six months enrollment for those one year of age or older and three months

[17] National Committee for Quality Assurance. HEDIS® 2003: Specifications for Survey Measures. Washington, D.C.: 2002.

[18] _____, 2002. Article 8:CAHPS® Reporting Composites and Global Ratings, CAHPS® Survey and Reporting Kit.

enrollment for those under 12 months old). Children in the PCCM Program were not classified during this time period.

Table 1. CRG Health Status Categories of Children in the STAR MCO Program and CHIP

Health Status	STAR MCO TANF		CHIP	
	N	Percent	N	Percent
Healthy	530,760	79.58	268,850	81.37
Significant Acute	67,042	10.05	24,139	7.31
Minor Chronic	22,756	3.41	14,324	4.34
Moderate Chronic	42,793	6.42	20,701	6.27
Major Chronic	3,640	0.55	2,375	0.72

CAHPS® Health Plan Survey Composite Scores

Table 2 shows the CAHPS® Health Plan Survey composite scores for CSHCN and Healthy Children in the STAR MCO Program. In general, scores of 75 points or above indicate that the parent "usually" or "always" has positive experiences with that composite. Using this criterion, in the STAR MCO Program, families of CSHCN "usually" to "always" have positive experiences in getting needed care, doctor's communication, doctor's office staff helpfulness, health plan customer service, obtaining prescription medication, having a personal doctor as their usual source of care, being involved in shared decision making with health care professionals, and getting needed information about their children's conditions.

The following key points are made about the CAHPS® Health Plan Survey composite scores when comparing CSHCN to healthy children within programs:

- CSHCN "usually" or "always" have positive care experiences in eight of 11 composites for the STAR MCO Program, seven of 11 composites for the PCCM Program, and nine of 11 composites for CHIP.
- Scores for "getting care quickly" and for "care coordination" were significantly higher for CSHCN than for healthy children in each of the programs. However, none of the programs achieved an average composite score of 75 points or higher for these domains.
- In each of the three programs, CSHCN had significantly higher scores than healthy children on having a personal doctor for their usual source of care.
- In each of the three programs, CSHCN had significantly lower scores for "getting needed care," "health plan customer service," and obtaining "specialized services" when compared to healthy children. In the STAR MCO Program, the average score for obtaining specialized services was 71; whereas, the scores were 83 and 77 for the PCCM Program and CHIP, respectively.
- CSHCN and healthy children did not have significantly different scores related to "doctor's communication," "shared decision making" with health care providers, and "getting needed information" from their providers in any of the three programs.

The following key points are made about the CAHPS® Health Plan Survey composite scores when comparing scores between programs:

- All of the composite scores differ significantly between the programs.
- CHIP has the highest composite scores for CSHCN in seven of the 11 composites. The STAR MCO Program had the highest scores for "personal doctor" and for "care coordination." The PCCM Program had the highest scores for "specialized services," and CHIP had the highest scores for the remaining composites. The scores for prescription medications were similar between the PCCM Program and CHIP.

Table 2. CAHPS® Health Plan Survey Composite Scores for CSHCN and Healthy Children by Program

Composite	STAR MCO		PCCM		CHIP	
	CSHCN	Healthy	CSHCN	Healthy	CSHCN	Healthy
Getting Needed Care†	76.91*	85.80	78.21*	86.16	82.41*	85.71
Getting Care Quickly†	63.89*	50.94	64.78*	46.62	71.24*	64.09
Doctor's Communication†	85.01	84.44	81.80	82.62	90.01*	88.34
Office Staff Helpfulness†	84.07	84.58	85.82	81.59	89.91*	87.76
Health Plan Customer Service†	85.28*	90.52	77.60*	91.42	86.38*	90.54
Prescription Medications†	87.84*	93.39	91.22	95.93	91.25*	95.02
Specialized Services†	71.04*	78.76	82.73*	93.48	76.90*	78.92
Personal Doctor†	84.09*	73.73	83.72	78.37	80.68*	63.78
Shared Decision Making†	79.69	79.70	71.28	74.93	81.24	80.86
Getting Needed Information†	79.29	79.56	71.51	77.59	83.85	81.58
Care Coordination†	73.64*	65.29	66.22	51.52	72.09	67.25

*Indicates significant difference at $p<0.05$ between CSHCN and healthy children within a program.
† Indicates significant difference at $p<0.05$ between programs in the composite scores.

HEDIS® Quality of Care Results

The HEDIS® quality of care results reported by CRG health status category are presented in the following tables. The measurement time period is September 1, 2004, through August 31, 2005, for all measures. **Table 3** shows the percentage of children and adolescents in the STAR MCO Program who saw a physician provider for primary or ambulatory care services. The percentage of children and adolescents who saw a physician provider was high overall, ranging from 98 percent among 12 to 24 month olds to 90 percent among 12 to 18 year olds. However, as the beneficiaries' health status levels declined, the percentage seeing a physician increased. For example, 99 to 100 percent of children and adolescents with major chronic conditions saw a physician for primary or ambulatory care services. **Table 4** shows the results for the CHIP enrollees and the same patterns that were described for the STAR MCO Program were observed for CHIP.

Table 3. STAR MCO Program Children's and Adolescents' Access to Primary/Ambulatory Care Services

		STAR (SSI and TANF)			
CRG Category		**12 to 24 months**	**25 months to 6 years**	**7 to 11 years**	**12 to 18 years**
Total	# Eligible	44,090	138,361	37,947	35,311
	Percent	97.60	90.73	91.58	90.16
Healthy	# Eligible	30,625	104,688	28,449	26,742
	Percent	96.64	88.15	89.35	87.84
Significant Acute	# Eligible	7,803	15,132	2,871	2,423
	Percent	99.71	98.80	99.30	98.80
CSHCN-Minor	# Eligible	1,430	4,857	2,391	2,024
	Percent	99.86	97.82	96.19	96.49
CSHCN-Moderate	# Eligible	3,728	12,353	3,608	3,488
	Percent	99.84	98.96	98.70	96.73
CSHCN-Major	# Eligible	504	1,331	628	634
	Percent	100.00	99.47	99.04	98.90

*This indicator is modified from the HEDIS® Children and Adolescents' Access to Primary Care Practitioners (PCPs) due to the lack of PCP information in the claims/encounter databases.

Table 4. CHIP Children's and Adolescents' Access to Primary/Ambulatory Care Services

		CHIP			
CRG Category		**12 to 24 months**	**25 months to 6 years**	**7 to 11 years***	**12 to 18 years***
Total	# Eligible	477	23,426	36,455	45,289
	Percent	98.11	90.63	92.24	89.58
Healthy	# Eligible	337	17,895	28,252	35,399
	Percent	97.33	88.02	90.33	87.08
Significant Acute	# Eligible	85	2,320	2,677	3,024
	Percent	100.00	99.35	99.44	99.24
CSHCN-Minor	# Eligible	21	844	2,121	2,739
	Percent	100.00	97.99	97.08	97.23
CSHCN-Moderate	# Eligible	32	2,177	3,030	3,593
	Percent	100.00	99.27	99.41	98.69
CSHCN-Major	# Eligible	2	190	375	534
	Percent	100.00	98.95	99.73	99.81

*This indicator is modified from the HEDIS® Children's and Adolescents' Access to Primary Care Practitioners (PCPs) due to the lack of PCP information in the claims/encounter databases.

Tables 5 and 6 show the results for well-child visits in the 3rd, 4th, 5th, and 6th years of life and adolescent well care visits for the STAR MCO Program and CHIP, respectively. In the STAR Program overall, 66 percent of three to six year olds had one or more well-child visits during the measurement period and 44 percent of adolescents had one or more well care visits. For the three to six year olds age cohort, the percentage of children with one or more well-child visits increased as health status declined from 64 percent among children classified as healthy to 72 percent among children with moderate chronic conditions. However, the percentage declined to 68 percent with one or more well-child visits among those with major chronic conditions. The same pattern was observed for adolescent well care visits. Among CHIP enrollees, a pattern of higher percentages of children and adolescents with well care visits was observed with declining health status.

Table 5. STAR MCO HEDIS® Preventive Care Measures

		STAR (SSI and TANF)	
CRG Category		**One or More Well-Child Visits in 3rd, 4th, 5th, and 6th Years of Life**	**One or More Visits for Adolescent Well Care**
Total	# Eligible	102,125	75,288
	Percent	65.88	43.90
Healthy	# Eligible	77,606	57,385
	Percent	63.64	41.34
Significant Acute	# Eligible	10,529	5,378
	Percent	74.54	53.12
CSHCN-Minor	# Eligible	3,742	4,259
	Percent	72.98	51.33
CSHCN-Moderate	# Eligible	9,272	6,934
	Percent	71.76	52.54
CSHCN-Major	# Eligible	976	1,332
	Percent	67.52	47.97

Table 6. CHIP HEDIS® Preventive Care Measures

		CHIP	
CRG Category		**One or More Well-Child Visits in 3rd, 4th, 5th, and 6th Years of Life**	**One or More Visits for Adolescent Well Care**
Total	# Eligible	27,036	91,568
	Percent	52.96	31.71
Healthy	# Eligible	20,525	70,586
	Percent	51.17	29.58
Significant Acute	# Eligible	2,827	6,519
	Percent	58.44	39.84
CSHCN-Minor	# Eligible	1,000	5,836
	Percent	58.10	36.39
CSHCN-Moderate	# Eligible	2,461	7,458
	Percent	58.59	39.90
CSHCN-Major	# Eligible	223	1,169
	Percent	63.23	39.18

Tables 7 and 8 show the percentage of children and adolescents receiving appropriate medications for asthma in the STAR MCO Program and CHIP, respectively. Some children with asthma are classified as "healthy." This occurs when a child was seen during the measurement period for preventive care or acute health care needs where the asthma diagnosis was not recorded. For example, if a child with asthma was seen for otitis media, the physician may record that diagnosis but not the asthma diagnosis. The HEDIS® measure uses multiple strategies to identify children with persistent asthma for this measure, including review of pharmacy information. In contrast, the CRGs rely primarily on diagnostic codes to classify children into health status groups. For both the STAR MCO Program and CHIP, the highest percentages of children receiving appropriate asthma medications are in the moderate and major chronic condition categories.

Table 7. STAR MCO Program HEDIS® Use of Appropriate Medications for Asthma

CRG Category		Children (Ages 5-9)	Adolescents (Ages 10-18)	Overall
Total	# Eligible	3,950	3,499	7,449
	Percent	68.05	65.48	66.84
Healthy	# Eligible	1,432	1,442	2,874
	Percent	46.37	48.40	47.39
Significant Acute	# Eligible	354	271	625
	Percent	60.73	59.41	60.16
CSHCN-Minor	# Eligible	153	181	334
	Percent	48.37	52.49	50.60
CSHCN-Moderate	# Eligible	1,786	1,357	3,143
	Percent	86.51	84.23	85.52
CSHCN-Major	# Eligible	225	248	473
	Percent	84.44	78.23	81.18

Table 8. CHIP HEDIS® Use of Appropriate Medications for Asthma

CRG Category		Children (Ages 5-9)	Adolescents (Ages 10-18)	Overall
Total	# Eligible	2,058	3,634	5,692
	Percent	69.24	66.46	67.46
Healthy	# Eligible	835	1,630	2,465
	Percent	51.62	52.21	52.01
Significant Acute	# Eligible	160	282	442
	Percent	53.75	59.93	57.69
CSHCN-Minor	# Eligible	70	178	248
	Percent	60.00	57.87	58.47
CSHCN-Moderate	# Eligible	912	1,355	2,267
	Percent	87.50	83.69	85.22
CSHCN-Major	# Eligible	81	189	270
	Percent	83.95	83.60	83.70

Tables 9 and 10 contain information about the inpatient admission rates for potentially avoidable conditions.

Table 9. STAR MCO Program AHRQ Pediatric Quality Indicator Admission Rates

CRG Category	Asthma Denominator-Unduplicated count of members 0-18	Asthma Admission Rate /100,000 Members	Diabetes Denominator-Unduplicated count of members 0-18	Diabetes Admission Rate /100,000 Members	Gastroenteritis Denominator-Unduplicated count of members 0-18	Gastroenteritis Admission Rate /100,000 Members	Appendicitis Denominator-Discharges with a diagnosis of appendicitis for ages 0-18	Appendicitis Admission Rate /100 Admissions	UTI Denominator-Unduplicated count of members 0-18	UTI Admission Rate /100,000 Members
Total	1,079,905	128.44	1,079,905	12.50	1,079,905	115.47	726	37.74	1,079,905	72.88
Healthy	591,459	4.23	591,459	0.00	591,459	110.24	318	31.45	591,459	41.25
Significant Acute	66,312	10.56	66,312	0.00	66,312	369.47	184	51.63	66,312	354.39
CSHCN-Minor	26,712	7.49	26,712	0.00	26,712	250.82	49	34.69	26,712	318.21
CSHCN-Moderate	51,787	2,124.09	51,787	164.13	51,787	258.75	85	30.59	51,787	139.03
CSHCN-Major	6,232	1,925.55	6,232	577.66	6,232	818.36	9	22.22	6,232	786.26
Unassigned	337,403	39.42	337,403	4.15	337,403	29.05	81	41.98	337,403	30.23

Note: Members who switched plans during the measurement period were not included.
Note: Ages 0 through 18 were included. (AHRQ measure normally includes through age 17.)
Note: The PQI indicators are area level indicators and the numbers are the same for each of the disease categories.

Table 10. CHIP AHRQ Pediatric Quality Indicator Admission Rates

CRG Category	Asthma Denominator-Unduplicated count of members 0-18	Asthma Admission Rate /100,000 Members	Diabetes Denominator-Unduplicated count of members 0-18	Diabetes Admission Rate /100,000 Members	Gastroenteritis Denominator-Unduplicated count of members 0-18	Gastroenteritis Admission Rate /100,000 Members	Appendicitis Denominator-Discharges with a diagnosis of appendicitis for ages 0-18	Appendicitis Admission Rate /100 Admissions	UTI Denominator-Unduplicated count of members 0-18	UTI Admission Rate /100,000 Members
Total	509,209	103.89	509,209	21.21	509,209	76.98	502	31.87	509,209	36.72
Healthy	272,254	0.00	272,254	0.00	272,254	57.67	201	23.88	272,254	13.96
Significant Acute	22,880	0.00	22,880	0.00	22,880	380.24	134	47.76	22,880	179.20
CSHCN-Minor	16,585	0.00	16,585	0.00	16,585	198.98	52	30.77	16,585	126.62
CSHCN-Moderate	23,785	1,715.37	23,785	243.85	23,785	206.01	51	29.41	23,785	113.52
CSHCN-Major	2,912	1,785.71	2,912	1,270.60	2,912	789.84	10	30.00	2,912	1098.90
Unassigned	170,793	40.40	170,793	7.61	170,793	25.18	54	25.93	170,793	16.39

Note: Members who switched plans during the measurement period were not included.
Note: Ages 0 through 18 were included. (AHRQ measure normally includes through age 17.)
Note: The PQI indicators are area level indicators and the numbers are the same for each of the disease categories.

Summary and Recommendations

- Texas has a higher percentage of CSHCN in their public insurance programs than in the general population. For example, based on parent report using the CSHCN Screener, 22 percent of children in the PCCM Program, 22 percent in CHIP, and 18 percent in the STAR MCO Program have special health care needs. In comparison, an estimated 12 percent of children in Texas have special needs based on parent report on the National Survey of CSHCN, which uses the CSHCN Screener.
- The CAHPS® Health Plan Survey measures 11 domains of care that are important for all CSHCN to receive. Families with CSHCN in CHIP reported "usually" to "always" having positive experiences in nine of the 11 domains. Families of CSHCN in the STAR MCO and PCCM programs reported "usually" to "always" having positive experiences in eight of the 11 and seven of the 11 domains, respectively.
- Scores for "getting care quickly" and "care coordination" were significantly higher for CSHCN than for healthy children in each of the programs. However, none of the programs achieved an average composite score of 75 points or higher for these domains. Scores of 75 points or higher indicate the families "usually" to "always" have a positive experience in that domain.
- The score on access to specialized services fell below 75 points (71.04) for CSHCN in the STAR MCO Program. Families in the PCCM Program and in CHIP rated their experiences regarding access to specialized services more positively (83 and 77 points, respectively).
- In the STAR MCO Program and in CHIP, CSHCN had significantly higher scores than healthy children on having a personal doctor for their usual source of care. In the PCCM Program, a higher percentage of CSHCN have a personal doctor or nurse when compared to healthy children, but the differences are not significant.
- Based on HEDIS® quality of care indicators, CSHCN have excellent access to primary care services. Overall 90 to 98 percent of children have access to primary care services, depending on the age cohort and the program. Among CSHCN, 96 to 100 percent have access to primary care services, depending on their health status, age, and the program.
- The percentage of children between the ages of three and six years with one or more preventive care visits is higher for CSHCN than for children who are healthy. This same pattern is observed for adolescent well care visits.
- The percentage of children receiving appropriate medications for asthma was the highest among those with moderate to major chronic conditions. For example, in the STAR MCO Program among children ages five to nine years, 84 percent of children classified with major chronic conditions were receiving appropriate medications for asthma compared to 48 percent of those classified with minor chronic conditions.

The Texas Health and Human Services Commission may wish to consider the following strategies:

- **Strategies to increase performance related to getting care quickly and care coordination should be explored.** Both of these areas fell below the 75 point criterion. Strategies should be developed to address deficiencies in these areas including: (1) reviewing MCO provider panels to ensure adequate numbers of providers, (2) reviewing authorization procedures to ensure that care can be rendered quickly, and (3) reviewing care coordination strategies used in each of the programs.

- **Strategies to increase access to specialized services in the STAR MCO Program should be explored.** CSHCN often need an array of specialized services. The score in this area of the STAR MCO Program fell below 75 points. Strategies should be developed to examine (1) MCO prior authorization procedures for specialized services and (2) care coordination strategies to assist families in obtaining needed services.

Appendix A

Sample Selection Procedures and Response Rates for the STAR MCO and PCCM Program Surveys

Sample Selection Procedures: Medicaid

A stratified random sample of families was selected to participate in two surveys. To be eligible for inclusion in the sample, the child had to be enrolled in either the Texas STAR MCO Program or the PCCM Program for nine continuous months in the past year. This criterion was chosen to ensure that the family had sufficient experience with the program to respond to the questions. The sample was stratified to include representation from the PCCM Program and the eight STAR MCOs. Two MCOs—Amerigroup and Superior—were further sub-divided by Service Delivery Area (SDA). There were a total of 12 strata for the STAR MCO Program and one stratum for the PCCM Program.

For the STAR MCO Program, a target was set of 3,600 completed telephone surveys. There were 3,606 completed surveys for STAR respondents. The target for the PCCM Program was 400. There were 400 completed surveys for PCCM respondents. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure that there was a sufficient sample size to allow for comparisons between MCOs and with the PCCM Program. The enrollee satisfaction survey is comprised of many different types of questions, and the confidence interval information provided is based on selected items with uniformly distributed responses. The information presented is provided as a "worst case" guideline only. Using a 95 percent confidence interval, the responses provided in the tables and figures are within ±1.57 percentage points of the "true" response for the enrollees of the STAR MCO Program.[19] The "true" response is the response that would be obtained if there were no measurement error. The confidence interval for the PCCM Program enrollee responses is ±4.90 percentage points. The stratification strategy along with the number of complete interviews is shown in **Table 11**.

[19] All statistical analyses including survey responses are measured with error. This can be offset by gathering more data (repeatedly or from more people in the population of interest). The "true" response can also be thought of as the actual response or the response we would get from the survey if there was no error or if no mistakes were made. Another way of looking at this is to take a question such as, "Do you have one person you think of as your child's personal doctor or nurse?" In this survey, 81.28 percent of respondents replied "yes" to this question. Due to our confidence interval, we can say that we are 95 percent certain that between 82.61 percent and 79.95 percent of respondents actually replied "yes" to this question.

Table 11. Survey Stratification Strategy

Survey Areas	Completed Interviews (N=4,006)
Amerigroup	
Dallas SDA	267
Harris SDA	304
Tarrant SDA	331
Community First	302
Community Health Choice	300
El Paso First	300
FIRSTCARE	300
Parkland Community	301
Superior	
Bexar SDA	301
El Paso SDA	300
Travis SDA	300
Texas Children's	300
STAR TOTAL	**3,606**
PCCM	400
PCCM TOTAL	**400**

Attempts were made to contact 8,713 families whose children were participating in the STAR MCO Program. Using the contact information provided, 79 percent of families were located and 24 percent refused to participate. The response rate was 55 percent and the cooperation rate was 67 percent.[20] There were 3,606 completed surveys. For the PCCM Program, attempts were made to contact 964 families. Seventy-five percent of the families were located and 28 percent refused to participate. The response rate was 53 percent and the cooperation rate was 66 percent. These contact, refusal, response, and participation rates for both programs are comparable to those obtained with other low-income families in Medicaid and in State Children's Health Insurance Programs.[21,22,23]

Survey responders were compared to those who could not be located and to those who were located but refused to participate on the following characteristics: child race/ethnicity, gender, age, and family income. No significant differences were found between survey responders and those not located or who refused to participate. Due to random sample selection procedures and the lack of significant differences between responders and non-responders on key sociodemographic indices, the results of this survey are believed to be generalizable to the larger group of established enrollees.

[20] American Association of Public Opinion Research. Standards and Best Practices. http://www.aapor.org/default.asp?page=survey_methods/standards_and_best_practices/standard_definitions#refusal
[21] Anarella, J., Roohan, P., Balistreri, E., Gesten, F. 2004. "A Survey of Medicaid Recipients with Asthma - Perceptions of Self-Management, Access, and Care." *Chest* 125:1359-1367.
[22] Dick, A.W., Brach C., Allison, A., Shenkman, E., Shone, L.P., Szilagyi, P. Klein, J.D., Lewit, E.M. 2004. "SCHIP's Impact in Three States: How Do the Most Vulnerable Children Fare?" *Health Affairs* 23(5):63-75.
[23] Coughlin, T.A., Long, S.K., Kendell, S. 2002. "Health Care Access, Use, and Satisfaction Among Disabled Medicaid Beneficiaries." *Health Care Financing Review* 24(2):115-136.

Appendix B

Sample Selection Procedures and Response Rates for the CHIP Survey

Sample Selection Procedures: CHIP

A stratified random sample of families was selected to participate in this survey, which is called the Established Enrollee Survey. To be eligible for inclusion in the sample, the child had to be enrolled in CHIP in Texas for 12 continuous months in the past year. This criterion was chosen to ensure that the family had sufficient experience with the program to respond to the questions. The sample was stratified to include representation from the 13 CHIP MCOs.

A target was set of 3,900 completed telephone surveys. This sample size was selected to (1) provide a reasonable confidence interval for the survey responses and (2) to ensure that there was a sufficient sample size to allow for comparisons between MCOs. The Established Enrollee Survey is comprised of many different types of questions, and the confidence interval information provided is based on selected items with uniformly distributed responses. The information presented is provided as a "worst case" guideline only. Using a 95 percent confidence interval, the responses provided in the tables and figures are within ±1.55 percentage points of the "true" response.[24] The "true" response is the response that would be obtained if there were no measurement error. The stratification strategy, along with the number of complete interviews, is depicted in **Table 12**.

Table 12. CHIP in Texas MCO Stratification Strategy

Survey Areas	Completed Interviews (N=3,904)
Amerigroup	300
El Paso First	300
Community First	300
Cook Children's	300
Driscoll	300
FIRSTCARE	301
Mercy	300
Parkland Community	300
Seton	301
Texas Children's	300
Superior	300
Superior EPO	301
UTMB	301
TOTAL	3,904

[24] All statistical analyses including survey responses are measured with error. This can be offset by gathering more data (repeatedly or from more people in the population of interest). The "true" response can also be thought of as the actual response or the response we would get from the survey if there was no error or if no mistakes were made. Another way of looking at this is to take a question such as, "Do you have one person you think of as your child's personal doctor or nurse?" In this survey, 86.01 percent of respondents replied "yes" to this question. Due to our confidence interval, we can say that we are 95 percent certain that between 82.61 percent and 79.95 percent of respondents actually replied "yes" to this question.

Attempts were made to contact 9,504 families. Using the contact information provided, 78 percent of families were located and 20 percent refused to participate. The response rate was 68 percent and the cooperation rate was 78 percent.[25] These contact, refusal, response, and participation rates are comparable to those obtained with other low-income families in Medicaid and in State Children's Health Insurance Programs.[26, 27, 28] There were 3,904 completed surveys.

Survey responders were compared to those who could not be located and to those who were located but refused to participate on the following characteristics: child race/ethnicity, gender, age, and family income. No significant differences were found between survey responders and those not located or who refused to participate. Due to random sample selection procedures and the lack of significant differences between responders and non-responders on key sociodemographic indices, the results of this survey are believed to be generalizable to the larger group of established enrollees.

[25] American Association of Public Opinion Research. Standards and Best Practices. http://www.aapor.org/default.asp?page=survey_methods/standards_and_best_practices/standard_definitions#refusal
[26] Anarella, J., Roohan, P., Balistreri, E., Gesten, F. 2004. "A Survey of Medicaid Recipients with Asthma - Perceptions of Self-Management, Access, and Care." *Chest* 125:1359-1367.
[27] Dick, A.W., Brach C., Allison, A., Shenkman, E., Shone, L.P., Szilagyi, P. Klein, J.D., Lewit, E.M. 2004. "SCHIP's Impact in Three States: How Do the Most Vulnerable Children Fare?" *Health Affairs* 23(5):63-75.
[28] Coughlin, T.A., Long, S.K., Kendell, S. 2002. "Health Care Access, Use, and Satisfaction Among Disabled Medicaid Beneficiaries." *Health Care Financing Review* 24(2):115-136.

Appendix C

Survey Data Collection Techniques

Survey Data Collection Techniques

Letters written in English and Spanish are sent to all potential participants in the sample, explaining the purpose of the study and requesting their participation. The Bureau of Economic and Business Research (BEBR) at the University of Florida conducts the telephone surveys using computer-assisted-telephone-interviewing (CATI). Calls are made in English and in Spanish from 10 a.m. Central Time to 9 p.m. Central Time, 7 days a week. Calls are rotated throughout the morning, afternoon, and evening using the Sawtooth Software System in order to maximize the likelihood of reaching the enrollees.

A minimum of 40 attempts are made to reach a family, and if the family is not reached after that time, the software system selects the next individual on the list. Bad phone numbers are sent to a company that specializes in locating individuals, and any updated information is loaded back into the software system. Additional attempts are made to reach the family using the updated contact information. No financial incentives are offered to participate in the surveys. The respondent is selected by asking to speak to the person in the household who is most knowledgeable about the child's health and health care. The respondent also is asked to confirm that the child has been enrolled in CHIP for at least 12 months or in the STAR or PCCM Program for at least nine months and is currently enrolled at the time of the interview.

A continuous enrollment requirement is used to ensure that the family has sufficient experience with the program to answer the survey questions. Different time frames are used for Medicaid versus CHIP because of the differences in enrollment lengths between the two programs. Children tend to have longer enrollment lengths in CHIP, making it easier to identify a sufficiently large sample of those enrolled for 12 months or longer. This was not feasible for the Medicaid Program due to shorter enrollment lengths. However, nine months also allows sufficient time for families to gain enough experience with the STAR MCO Program or PCCM Program to respond to the questions.

Appendix D

CAHPS®Questions Contained in Each Composite

Article 8: CAHPS® Reporting Composites and Global Ratings

CAHPS®reports present two types of results. The first is **global ratings**, which use a scale of 0 to 10 to measure respondents' assessment of their health plan and the quality of care received in the last 12 months.

The second is **composites**, which combine results for closely related items that have been grouped together. Composites are used because they keep the reports comprehensive, yet of reasonable length. Also, psychometric analyses indicate that they are reliable and valid measures of member experiences.[29, 30]

Exhibit 1 lists the questions for each of the global ratings and composites used to report results from the ***CAHPS® 3.0 Adult Commercial Questionnaire***. These measure respondents' experience with the following:

- Getting needed care (4 questions);
- Getting care quickly (4 questions);
- How well doctors communicate (4 questions);
- Courtesy, respect, and helpfulness of office staff (2 questions); and
- Health plan customer service, information, and paperwork (3 questions).

Exhibit 2 lists the questions for each of the global ratings and composites used to report results from ***CAHPS® 3.0 Child Commercial Questionnaire***, including the chronic conditions questions that were recently incorporated into the child questionnaires. These measure respondents' experience with the following:

- Parents' experiences with getting needed care (4 questions);
- Parents' experiences with getting care quickly (5 questions);
- Parents' experiences with how well doctors communicate (5 questions);
- Parents' experiences with courtesy, respect, and helpfulness of office staff (2 questions);

[29] McGee, J., et al. (1999). Making survey results easy to report to consumers: How reporting needs guided survey design in CAHPS®. *Medical Care* 37(3), Supplement pp. MS32-MS40.
[30] Hargraves, J.L., Hays, R., and Cleary, P.D. (Under review). Psychometric properties of the consumer assessment of health plans study (CAHPS®) 2.0 adult core survey. *Health Services Research.*

- Parents' experiences with health plan customer service, information, and paperwork (3 questions);

- Parents' experiences with prescription medicine (1 question);

- Parents' experiences getting specialized services for their children (3 questions);

- Family centered care:

  - Parents' experiences with the child's personal doctor or nurse (3 questions),

  - Parents' experiences with shared decision making (4 questions),

  - Parents' experiences with getting needed information about their child's care (3 questions); and

- Parents' experiences with coordination of their child's care (2 questions).

To identify corresponding questions on different CAHPS® questionnaires, **review Table T2-2: CAHPS® Questionnaire Crosswalk** in ***Chapter T2: Preparing Your CAHPS® Questionnaire***. Employing these two tables together will allow you to develop equivalent composites for any CAHPS® survey.

Exhibit 1: CAHPS® Global Ratings and Reporting Composites for *CAHPS® 3.0 Adult Commercial Questionnaire**

Adult Questionnaire Composites and Items		Response format
Getting Needed Care		
People's experiences in getting care they need		
Q7	Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	A big problem, A small problem, Not a problem
Q9	In the last 12 months, how much of a problem, if any, was it to see a specialist that you needed to see?	A big problem, A small problem, Not a problem
Q22	In the last 12 months, how much of a problem, if any, was it to get the care, tests, or treatment you or a doctor believed necessary?	A big problem, A small problem, Not a problem
Q24	In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?	A big problem, A small problem, Not a problem
Getting Care Quickly		
People's experiences in getting care without long waits		
Q14	In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed?	Never, Sometimes, Usually, Always
Q16	In the last 12 months, when you needed care right away for an illness, injury, or condition, how often did you get care as soon as you wanted?	Never, Sometimes, Usually, Always
Q18	In the last 12 months, not counting times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?	Never, Sometimes, Usually, Always
Q25	In the last 12 months, how often were you taken to the exam room within 15 minutes of your appointment?	Never, Sometimes, Usually, Always

*The question numbers included in this exhibit refer to the ***CAHPS® 3.0 Adult Commercial Questionnaire***. To identify corresponding questions on different CAHPS® questionnaires, review **Table T2-2: CAHPS® Questionnaire Crosswalk** in ***Chapter T2: Preparing Your CAHPS® Questionnaire***. Employing these two tables together will allow you to develop equivalent composites for any CAHPS® survey.

Exhibit 1: CAHPS® Global Ratings and Reporting Composites for *CAHPS® 3.0 Adult Commercial Questionnaire** (continued)

Adult Questionnaire Composites and Items		Response format
Doctors and Medical Care		
People's experiences with how well their doctors communicate		
Q28	In the last 12 months, how often did doctors or other health providers listen carefully to you?	Never, Sometimes, Usually, Always
Q29	In the last 12 months, how often did doctors or other health providers explain things in a way you could understand?	Never, Sometimes, Usually, Always
Q30	In the last 12 months, how often did doctors or other health providers show respect for what you had to say?	Never, Sometimes, Usually, Always
Q31	In the last 12 months, how often did doctors or other health providers spend enough time with you?	Never, Sometimes, Usually, Always
People's ratings of their care		
Q32	Using any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?	0-10 Scale
Medical Office Staff		
People's experiences with courtesy, respect, and helpfulness of office staff		
Q26	In the last 12 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?	Never, Sometimes, Usually, Always
Q27	In the last 12 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?	Never, Sometimes, Usually, Always
The Health Plan		
People's ratings of their health plan		
Q39	Using any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	0-10 Scale

*The question numbers included in this exhibit refer to the ***CAHPS® 3.0 Adult Commercial Questionnaire***. To identify corresponding questions on different CAHPS®questionnaires, review **Table T2-2: CAHPS® Questionnaire Crosswalk** in ***Chapter T2: Preparing Your CAHPS® Questionnaire***. Employing these two tables together will allow you to develop equivalent composites for any CAHPS®survey.

Exhibit 1: CAHPS® Global Ratings and Reporting Composites for *CAHPS® 3.0 Adult Commercial Questionnaire** (continued)

Adult Questionnaire Composites and Items		Response format
The Health Plan (continued)		
People's experiences with health plan customer service, information, paperwork		
Q34	In the last 12 months, how much of a problem, if any, was it to find or understand this information (in written material or on the Internet)?	A big problem, A small problem, Not a problem
Q36	In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?	A big problem, A small problem, Not a problem
Q38	In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?	A big problem, A small problem, Not a problem

*The question numbers included in this exhibit refer to the ***CAHPS® 3.0 Adult Commercial Questionnaire***. To identify corresponding questions on different CAHPS®questionnaires, review **Table T2-2: CAHPS® Questionnaire Crosswalk** in ***Chapter T2: Preparing Your CAHPS® Questionnaire***. Employing these two tables together will allow you to develop equivalent composites for any CAHPS®survey.

Exhibit 2: CAHPS®Reporting Composites and Global Ratings for the *CAHPS®3.0 Child Commercial Questionnaire**

Child Questionnaire Composites and Items		Response format
Getting Needed Care		
Parents' experiences in getting needed care for their children		
Q7	Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?	A big problem, A small problem, Not a problem
Q13	In the last 12 months, how much of a problem, if any, was it to see a specialist that your child needed to see?	A big problem, A small problem, Not a problem
Q26	In the last 12 months, how much of a problem, if any, was it to get the care, tests, or treatments you or a doctor believed necessary?	A big problem, A small problem, Not a problem
Q28	In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from your child's health plan?	A big problem, A small problem, Not a problem
Getting Needed Care Quickly		
Parents' experiences in getting care for their children without long waits		
Q18	In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?	Never, Sometimes, Usually, Always
Q20	In the last 12 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you wanted?	Never, Sometimes, Usually, Always
Q22	In the last 12 months, not counting times you needed health care right away, how often did your child get an appointment for health care as soon as you wanted?	Never, Sometimes, Usually, Always
Q29	In the last 12 months, how often was your child taken to the exam room within 15 minutes of his or her appointment?	Never, Sometimes, Usually, Always

*The question numbers included in this exhibit refer to the ***CAHPS® 3.0 Adult Commercial Questionnaire***. To identify corresponding questions on different CAHPS®questionnaires, review **Table T2-2: CAHPS® Questionnaire Crosswalk** in ***Chapter T2: Preparing Your CAHPS® Questionnaire***. Employing these two tables together will allow you to develop equivalent composites for any CAHPS®survey.

Exhibit 2: CAHPS® Reporting Composites and Global Ratings for the *CAHPS® 3.0 Child Commercial Questionnaire** (continued)

Child Questionnaire Composites and Items		Response format
Doctors and Medical Care		
Parents' experiences with how well their children's doctors communicate		
Q32	In the last 12 months, how often did your child's doctors or other health providers listen carefully to you?	Never, Sometimes, Usually, Always
Q33	In the last 12 months, how often did your child's doctors or other health providers explain things in a way you could understand?	Never, Sometimes, Usually, Always
Q34	In the last 12 months, how often did your child's doctors or other health providers show respect for what you had to say?	Never, Sometimes, Usually, Always
Q36	In the last 12 months, how often did doctors or other health providers explain things in a way your child could understand?	Never, Sometimes, Usually, Always
Q37	In the last 12 months, how often did doctors or other health providers spend enough time with your child?	Never, Sometimes, Usually, Always
Parents' ratings of their children's care		
Q47	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 12 months?	0-10 Scale
Medical Office Staff		
Parents' experiences with courtesy, respect, and helpfulness of office staff		
Q30	In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?	Never, Sometimes, Usually, Always
Q31	In the last 12 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?	Never, Sometimes, Usually, Always
The Health Plan		
Parents' ratings of their children's health plan		
Q68	Using any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0-10 Scale

*The question numbers included in this exhibit refer to the ***CAHPS® 3.0 Adult Commercial Questionnaire***. To identify corresponding questions on different CAHPS® questionnaires, review **Table T2-2: CAHPS® Questionnaire Crosswalk** in ***Chapter T2: Preparing Your CAHPS® Questionnaire***. Employing these two tables together will allow you to develop equivalent composites for any CAHPS® survey.

Exhibit 2: CAHPS® Reporting Composites and Global Ratings for the *CAHPS® 3.0 Child Commercial Questionnaire** (continued)

Child Survey Composites and Items		Response format
The Health Plan (continued)		
Parents' experiences with their children's health plan customer service		
Q63	In the last 12 months, how much of a problem, if any, was it to find or understand this information (in written material or on the Internet)?	A big problem, A small problem, Not a problem
Q65	In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?	A big problem, A small problem, Not a problem
Q67	In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?	A big problem, A small problem, Not a problem
Prescription Medicine		
Parents' experiences with prescription medicine		
Q70	In the last 12 months, how much of a problem, if any, was it to get your child's prescription medicine?	A big problem, A small problem, Not a problem
Specialized Services		
Parents' experiences getting specialized services for their children		
Q52	In the last 12 months, how much of a problem, if any, was it to get special medical equipment for your child?	A big problem, A small problem, Not a problem
Q55	In the last 12 months, how much of a problem, if any, was it to get special therapy for your child (physical, occupational, or speech)?	A big problem, A small problem, Not a problem
Q58	In the last 12 months, how much of a problem, if any, was it to get this treatment or counseling for your child (for an emotional, developmental, or behavioral problem)?	A big problem, A small problem, No problem
Family Centered Care		
Parents' experiences with the child's personal doctor or nurse		
Q8	In the last 12 months, did your child's personal doctor or nurse talk with you about how your child is feeling, growing, or behaving?	Yes No
Q10	Does your child's personal doctor or nurse understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	Yes No
Q11	Does your child's personal doctor or nurse understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?	Yes No

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Exhibit 2: CAHPS® Reporting Composites and Global Ratings for the *CAHPS® 3.0 Child Commercial Questionnaire** (continued)

Child Survey Composites and Items		Response format
Family Centered Care (continued)		
Parents' experiences with shared decision making		
Q43	When decisions were made in the last 12 months, how <u>often</u> did your child's doctors or other health providers offer you choices about your child's health care?	Never, Sometimes, Usually, Always
Q44	When decisions were made in the last 12 months, how <u>often</u> did your child's doctors or other health providers discuss with you the good and bad things about each of the different choices you were given?	Never, Sometimes, Usually, Always
Q45	When decisions were made in the last 12 months, how <u>often</u> did your child's doctors or other health providers ask you to tell them what choices you prefer?	Never, Sometimes, Usually, Always
Q46	When decisions were made in the last 12 months, how <u>often</u> did your child's doctors or other health providers involve you as much as you wanted?	Never, Sometimes, Usually, Always
Parents' experiences with getting needed information about their child's care		
Q39	In the last 12 months, how <u>often</u> did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?	Never, Sometimes, Usually, Always
Q40	In the last 12 months, how <u>often</u> did you get the specific information you needed from your child's doctors and other health providers?	Never, Sometimes, Usually, Always
Q41	In the last 12 months, how <u>often</u> did you have your questions answered by your child's doctors or other health providers?	Never, Sometimes, Usually, Always
Coordination of Care		
Parents' experiences with coordination of their child's care		
Q50	In the last 12 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
Q61	In the last 12 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	Yes No

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