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February 19, 2010

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Kansas Health Policy Authority
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900 SW Jackson, Room 900
Topeka, Kansas 66612

RE: 2009 CAHPS Validation and Comparison Final Report

Dear Chris,

Attached you will find the CAHPS Validation and Comparison final report. The report includes results from our validation of the survey methodologies for the CMFHP and UniCare 2009 CAHPS surveys, which were administered by each of the plan's vendors earlier this year. In addition, Medicaid/CHIP cross-plan/program comparisons that include regional and national benchmark data are included for selected survey questions.

Please contact me if you have any questions regarding the report.

Sincerely,

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Project Manager

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Final Report

2009 CAHPS Validation and Comparison

Contract Number: 11231

Programs Reviewed: HealthConnect Kansas
HealthWave 19
HealthWave 21

Study Period: 2009

Submission Date: February 19, 2010

Prepared for:



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February 19, 2010

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2009 CAHPS VALIDATION AND COMPARISON EXECUTIVE SUMMARY

OBJECTIVES: To determine if the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys for Kansas Medicaid managed care plans, Children's Mercy Family Health Partners (CMFHP) and UniCare of Kansas, were administered in a methodologically sound manner; to assess the reliability and validity of the survey findings reported by the MCOs; to identify any cross-plan/program differences; and to compare each program to the national and regional benchmarks to identify strengths and opportunities for improvement within the Kansas plans/programs.

DESIGN: Data reflecting consumer satisfaction and member experiences with their health plan data was collected using CAHPS, a nationally standardized survey tool. KFMC first completed an assessment of technical methods and results for each of the MCO surveys to assure the reliability and validity of the survey data provided by the plans.

Survey results for each plan and the HealthConnect Kansas (HCK) program were then compared to identify differences among the Kansas Medicaid/Children's Health Improvement Program (CHIP) plans/programs and between the plans/programs and nationally recognized benchmarks, to provide information regarding the access, quality and timeliness of healthcare services provided to Kansas Medicaid [HealthWave 19 (HW19)] and CHIP [HealthWave 21 (HW21)] healthcare consumers.

POPULATION: Within each plan/program, surveys were administered to adult members, ages 18 or older, and caregivers of child members, ages 17 or younger, as of 12/31/2008, who were enrolled at least five of the six months between 7/1/2008 and 12/31/2008 and who were currently enrolled at the time the survey was completed. CMFHP and UniCare collected data for several member population categories including HW19 Adult, HW19 General Child, HW19 Children with Chronic Conditions (CCC), HW21 General Child and HW21 CCC. HCK data was collected for the Medicaid Adult, Medicaid General Child and Medicaid CCC populations.

INDICATORS: The experiences and level of satisfaction consumers encountered with their medical care and health plan/program were measured by the following scores and ratings:

Composites

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Shared Decision Making

Additional CCC Composites

- Access to Specialized Services
- Personal Doctor Who Knows Child
- Coordination of Care

Ratings

- Rating of All Healthcare
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often
- Rating of Health Plan

Additionally, KFMC identified CAHPS survey questions to measure Kansas Medicaid/CHIP consumer's access to care, quality of care and timeliness of care.

KEY RESULTS: Overall, CMFHP's and UniCare's CAHPS surveys were administered according to the NCQA guidelines in a methodologically sound manner. The survey results are generalizable to all populations, with the exception of a small number of measures with fewer than 100 responses (customer service composite for CMFHP adults, UniCare adults, CMFHP HW19 children and CMFHP HW21 children; access to specialized services for CMFHP HW19 children and HW21 children; and rating of specialist for CMFHP HW19 children).

Areas identified as Kansas Medicaid/CHIP strengths include: satisfaction with health plan; satisfaction with healthcare; ease of getting necessary care, tests and treatment; and getting non-urgent appointments as soon as needed. Areas identified as Kansas Medicaid/CHIP opportunities for improvement include: doctors discussed what to do to prevent illness and smoking cessation. Areas identified as opportunities for improvement for two or more Kansas plans/programs include: satisfaction with personal doctor; how well doctors communicate; doctors listen carefully; doctors respect your comments; doctors explain things clearly; and doctors discuss the pros and cons of treatment choices.

KEY RECOMMENDATIONS:

1. Request each MCO submit response rate information specific to each sample, including HW19 Adult, HW19 General Child, HW19 Supplemental CCC sample, HW21 General Child, and HW21 Supplemental CCC sample.
2. Require an MCO response to their vendor's CAHPS survey report findings as a deliverable for each plan in 2010.
3. Focus statewide improvement efforts on areas identified as Kansas HealthWave opportunities for improvement, including: doctors discussed what to do to prevent illness and smoking cessation.
4. Focus statewide improvement efforts on areas identified by two or more Kansas Medicaid/CHIP plans/programs as opportunities for improvement, including: satisfaction with personal doctor; how well doctors communicate; doctors listen carefully; doctors respect your comments; doctors explain things clearly; and doctors discuss the pros and cons of treatment choices.
5. Schedule a meeting that includes representatives from each Kansas Medicaid plan/program to discuss the cross-plan/program comparison results. During this meeting, explore joint interventions to address the areas for improvement that apply all Kansas Medicaid/CHIP plans/programs.



CAHPS VALIDATION AND COMPARISON

SUMMARY REPORT

FEBRUARY 19, 2010

OBJECTIVES AND BACKGROUND

OBJECTIVES

Kansas Foundation for Medical Care, Inc. (KFMC), the External Quality Review Organization (EQRO) for the State of Kansas, completed validation of Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, conducted in 2009 for Children's Mercy Family Health Partners (CMFHP) and UniCare of Kansas.

The objectives of this validation were to determine if the surveys were administered in a methodologically sound manner and to assess the reliability and validity of the survey findings. KFMC used the "Validating Surveys" protocol, developed by the Centers for Medicare and Medicaid Services (CMS), to evaluate the technical methods and results from the CMFHP and UniCare CAHPS reports. Information collected within the CAHPS survey process is also used by KFMC for assessment of access, quality, and timeliness of healthcare services provided to Kansas Medicaid and Children's Health Insurance Plan (CHIP) consumers.

Activity 7 of the protocol includes providing comparative data to the State. KFMC's contract with Kansas Health Policy Authority (KHPA) includes a cross-plan/program comparison of CMFHP, UniCare and HealthConnect Kansas (HCK) CAHPS results. Comparisons of Kansas Medicaid/CHIP results to the National CAHPS Benchmarking Database (NCBD) Midwest Region and National results are also provided. The objective of this activity is to identify any cross-plan/program differences and to compare each plan/program to the benchmarks to identify strengths and opportunities for improvement.

BACKGROUND

CAHPS is a survey tool developed to assess consumer satisfaction and member experiences with their health plan. It is a nationally standardized survey tool sponsored by the Agency for Healthcare Research and co-developed with the National Committee for Quality Assurance (NCQA). To ensure a survey produces valid and reliable results, it must be designed and administered in a methodologically sound manner. The CAHPS tool and survey process has undergone extensive testing for reliability and validity. Detailed technical specifications are provided by NCQA to be used in conducting the

survey. In order for a health plan's CAHPS survey to be a dependable source of information, it must be administered according to the published CAHPS technical specifications. When administered properly, CAHPS surveys provide information regarding the access, quality and timeliness of healthcare services provided to healthcare consumers.

Composites are groupings of survey questions specified by NCQA, called composite attributes, that measure the same dimensions of healthcare or health plan services. The composites are calculated using the average of the responses to the individual composite attribute questions forming the composite. The experiences and level of satisfaction Kansas Medicaid/CHIP consumers encountered with their medical care and health plan/program were measured by the following composites and ratings:

Ratings

- Rating of Health Plan
- Rating of Healthcare
- Rating of Personal Doctor
- Rating of Specialist Seen Most Often

Composites

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Customer Service
- Shared Decision Making

Additional CCC Composites

- Access to Specialized Services
- Personal Doctor Who Knows Child
- Coordination of Care

Additionally, KFMC identified groups of CAHPS survey questions that measure access to care, quality of care and timeliness of care:

Measures of Access, Quality, and Timeliness

Access

- Easy to Get Appointments with Specialists
- Easy to Get Necessary Care, Tests, or Treatment
- Customer Service Gave Necessary Information/Help
- Doctor Seemed Informed and Up-To-Date About Care Received from Other Providers
- Has a Personal Doctor

Quality

- Doctors Listened Carefully

- Doctors Respected Your Comments
- Doctors Spent Enough Time
- Doctors Explained Things Clearly
- Doctors Discussed Pros and Cons of Treatment Choices
- Doctors Asked Consumer Which Treatment Choice They Thought Was Best
- Doctor Discussed What You Can Do to Prevent Illness
- Smoking Cessation, Advised to Quit
- Smoking Cessation Medications Discussed
- Smoking Cessation Strategies Discussed

Timeliness

- Got Care for Illness/Injury as Soon as Needed
- Got Non-Urgent Appointment as Soon as Needed

CMFHP CAHPS SURVEY VALIDATION

TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS

CMFHP provided KFMC with the three CAHPS reports completed by The Meyers Group (TMG), an NCQA-Certified Healthcare Effectiveness Data and Information Set (HEDIS) Survey Vendor that was selected by CMFHP to conduct their 2009 CAHPS survey. As a certified vendor, TMG is required to adhere to the NCQA HEDIS Specifications for Survey Measures. TMG's findings were provided in the three reports representing the following five population categories:

- Healthwave 19 (HW19) Adult
- HW19 General Child
- HW19 Children with Chronic Conditions (CCC)
- Healthwave 21 (HW21) General Child
- HW21 CCC

KFMC evaluated the CAHPS reports to determine the methodological soundness of the surveys. Since CMFHP's contract with KHPA specifies use of the CAHPS survey, the CAHPS technical specifications were referred to throughout the validation process. Overall, the CAHPS technical specifications are consistent with the CMS protocol. KFMC's findings were documented on the Survey Validation Worksheet, included as Attachment C of this report.

TMG's conclusions were noted in the reports. CMFHP provided their interpretation of TMG's reports and their planned interventions for areas representing opportunities for improvement according to TMG's report. KFMC used findings reported by TMG to assess strengths and areas for improvement for CMFHP.

DESCRIPTION OF DATA FINDINGS

CMFHP used ViPS software, which is NCQA certified, to identify the sample frame. The data source for the sample frame was CMFHP's membership database. The software identifies the sample frame based on NCQA HEDIS specifications for age, continuous enrollment, current enrollment, coverage gaps and chronic condition pre-screen status. CMFHP excluded retrospective eligibility periods. A combination of HW19 and HW21 enrollment information was used to determine continuous eligibility, so members meeting the continuous enrollment requirement could have had both HW19 and HW21 enrollment during the time frame. For those individuals having both HW19 and HW21 enrollment, the member was assigned to a plan based on their status as of 12/31/2009.

In addition, the integrity of the sample frame was evaluated by CMFHP's HEDIS auditor. The purpose of the audit is to determine if the appropriate steps were followed in preparing the sample frame file. Once the sample frame was approved, CMFHP submitted it to TMG. CMFHP's sample frame specifications are described below:

HW19 Adult

Adults 18 years and older on 12/31/2008 were selected. Eligible members were enrolled continuously for six months with no more than one enrollment gap of 45 days.

HW19 Child

Children ages 17 years and younger on 12/31/2008 were selected for the general population sample. Eligible members were enrolled continuously for six months with no more than one enrollment gap of 45 days. After the general population sample was drawn, an additional group of child members with a claim status indicating a probable chronic condition were randomly selected from the remaining eligible members.

HW21 Child

Children ages 17 years or younger on 12/31/2008 were selected for the general population sample. Eligible members were enrolled continuously for six months with no more than one enrollment gap of 45 days. After the general population sample was drawn, an additional group of child members with a claim status indicating a probable chronic condition were randomly selected from the remaining eligible members.

TMG deduplicated the samples so that each household received no more than one survey. This was accomplished by selecting the adult sample first, then excluding households represented in the adult sample from the child population sampling frames, based on subscriber ID and household address. Children of the sampled adult households were not selected.

According to TMG, the overall objective of the CAHPS study is to capture accurate and complete information about consumer-reported experiences with healthcare. Additionally, CMFHP noted the following objectives:

- To meet the contractual requirements of the State of Kansas
- To capture accurate and complete information about consumer-reported experiences with healthcare
- To measure how well CMFHP is meeting members' expectations and goals
- To determine which areas of service have the greatest effect on member's overall satisfaction
- To identify areas of opportunity for improvement, which could aid CMFHP in increasing the quality of care provided

The survey audiences identified by CMFHP included:

- KHPA
- KFMC
- CMFHP CEO, Directors, and the Board of Directors
- CMFHP Administrative Oversight Committee
- CMFHP subcontractors
- CMFHP employees
- CMFHP members
- CMFHP providers

CMFHP added plan-specific questions at the end of the questionnaires for all HealthWave (HW) populations. The wording and placement of the questions met NCQA guidelines. More details about the plan-specific questions are provided in the Survey Validation Worksheet (Attachment C.)

The study populations were clearly identified in each of the reports. The study populations were HW19 adults, HW19 children, and HW21 children who meet the CAHPS eligibility criteria. The population size for each group was not stated within the reports.

Documentation containing the details regarding the random sample selection process for the CAHPS surveys was provided in the TMG report and by CMFHP. The sample sizes were consistent with the NCQA protocols for all survey populations. The following information was provided regarding the random sampling process:

- ViPS software was used to identify 8,075 HW19 adults; 53,195 HW19 children; and 21,486 HW21 children in the sample frames.
- The integrity of the sample frame was reviewed and approved by CMFHP's certified HEDIS auditor.
- CMFHP provided the approved sample frames to TMG.
- TMG staff created a "Database Clean-up and Sample Creation Worksheet."
- The TMG Data Processing Analyst moved the database from the secure FTP site to a central location for clean-up and creation of the Raw Sample Statistics Report.
- The report was audited by a Senior Analyst before the sample was created.
- TMG selected a random sample for the adult survey.

- TMG deduplicated the sample so that only one adult member per household was included in the sample.
- The final sample of 1,350 HW19 Adults was audited by a Senior Analyst and approved.
- TMG selected the stratified random samples for the child surveys after deduplicating to ensure that no households selected in the adult sample would also receive a child survey.
- A stratified random sampling process was used to select participants for the HW19 and HW21 Child CAHPS surveys. Child members were randomly selected from the eligible, general population. An additional group of eligible, child members with a claim status of probable chronic condition (CCC group), as defined by NCQA, was also randomly selected.
- The final sample of 1,650 HW19 General Child; 1,840 HW19 CCC; 1,650 HW21 General Child; and 1,840 HW21 CCC was audited and approved by a Senior Analyst.
- The Data Processing Analyst conducted a mail merge export.
- The mail merge file was audited to verify plan name, sample number, sample size and random selection of records.

The TMG reports indicated the CAHPS surveys were administered using the mixed methodology (mail and telephone), which includes two questionnaire mailings, two reminder postcards, and a telephone follow-up. TMG survey administration processes followed the NCQA protocol.

The reports identified the following response rates:

- **HW19 Adult** – 34.1% (406 responses from a sample of 1,350 minus 159 ineligible)
- **HW19 General Child** – 37.5% (568 responses from a sample of 1,650 minus 135 ineligible)
- **HW21 General Child** – 46.9% (705 responses from a sample of 1,650 minus 146 ineligible)
- **HW19 CCC**–TMG did not report the response rate for the sample of children with probable chronic conditions.
- **HW21 CCC** – TMG did not report the response rate for the sample of children with probable chronic conditions.

According to the HEDIS CAHPS protocols, MCOs must achieve a minimum of 411 completed surveys. Each of the reports stated the target number of completed surveys was 411. The target of 411 surveys was met for the HW19 Child population (568) and the HW21 Child population (705); the target was not met for the HW19 Adult Population (406).

Furthermore, the HEDIS protocols indicate that 100 responses for each HEDIS survey question are needed to report HEDIS survey results for that question. If the number of responses to any question is less than 100, results for that question are noted to be Not Reportable (NR). Each report included discussion regarding the requirement of 100

responses for each survey question. Review of the question frequencies for the composite attribute and rating questions revealed at least 100 valid responses for the majority of questions. However, there were fewer than 100 responses for the following questions from the HW19 Adult survey:

- Q31. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q32. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

There were fewer than 100 responses for the following questions from the HW19 Child survey, for the populations listed:

- Q16. 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? (General Child and CCC)
- Q18. In the last 6 months, how often was it easy to get special medical equipment or devices for your child? (General Child and CCC)
- Q21. In the last 6 months, how often was it easy to get special therapy for your child? (General Child and CCC)
- Q24. In the last 6 months, how often was it easy to get treatment or counseling for your child? (General Child)
- Q44. In the last 6 months, how often was it easy to get appointments for your child with specialists? (General Child)
- Q46. 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 your specialist? (General Child)
- Q50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (General Child and CCC)
- Q51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (General Child and CCC)

There were fewer than 100 responses for the following questions from the HW21 Child survey, for the populations listed:

- Q16. 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? (General Child and CCC)
- Q18. In the last 6 months, how often was it easy to get special medical equipment or devices for your child? (General Child and CCC)
- Q21. In the last 6 months, how often was it easy to get special therapy for your child? (General Child and CCC)
- Q24. In the last 6 months, how often was it easy to get treatment or counseling for your child? (General Child)
- Q50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (General Child)
- Q51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (General Child)

The reports for all survey populations stated, “The characteristics of respondents surveyed should be representative of your member population.” TMG included a sampling error table in the reports for each of the HW19 and HW21 populations. The sampling error is defined as the extent to which survey results may differ from what would be obtained if every eligible member in the sample had been surveyed. The size of the error depends on the percentage distributions and the number of members surveyed; the more disproportionate the percentage distributions or the larger the sample size, the smaller the error.

Additionally, CMFHP noted that bias in sample selection is eliminated by utilizing only enrollment data and enrollment history. No claims data is incorporated into the calculation for the sample. This process and sample size was designed to guard against bias and minimize sampling error. HEDIS survey sample sizes were established with the goal of achieving 411 valid and complete surveys and are based on the average number of complete and valid surveys obtained by health plans in previous years. Most plans should obtain between 385 and 412 responses to achieve 95% confidence level, +/- 5% margin of error. TMG performs response/non-response bias analysis in order to validate that the responses received accurately reflect the demographic and eligibility characteristics of the population. CMFHP’s HW19 Adult 4.0H CAHPS survey results are generalized for the HW19 Adult population. CMFHP’s HW19 Child 4.0H CAHPS survey results are generalized for the HW19 Child population. CMFHP’s HW21 Child 4.0H CAHPS survey results are generalized for the HW21 Child population. CMFHP identified no survey limitations.

The HEDIS 2009 Specifications for Survey Measures suggest the following:

- Use of a confidential tracking identification number, which is used to record member responses so follow-up mailings of questionnaires are only sent to non-respondents
- Review each questionnaire for legibility and completeness. If member responses are ambiguous, a coding specialist employs decision rules documented in the Quality Assurance Plan.
- To ensure data quality, two separate data entry specialists must independently enter answers for each questionnaire. Comparison of the separate entries identifies data entry errors that need adjudication.
- Develop a written protocol of personnel training and quality control processes

The reports stated that if a respondent did not respond to a particular question, the response is considered “missing.” If a respondent answered a question by marking more than one response, the response is considered a “multiple mark.” Missing and multiple mark responses are not considered valid and are not used in the analysis. The report does not contain reference to a tracking number system, coding decision rules, data entry quality checks, personnel training, or a written quality control process. Additional information was provided by CMFHP regarding the quality control procedures that were in place for: survey administration; address standardization; monitoring printing and mailing processes; procedures used for coding, editing and entering data;

monitoring the accuracy of coding decision rules; and interpreting hand written comments. Based on the additional information provided by CMFHP, appropriate quality control procedures were in place.

As an NCQA-certified HEDIS survey vendor, TMG is responsible for submitting clean member-level data files to NCQA for calculation of HEDIS survey results, in accordance with the HEDIS survey file layouts. The TMG reports described various methods used to identify statistical significance and opportunities for improvement including: multiple linear regression analysis, correlation analysis, hypothesis testing, frequency distributions of survey questions, Z-test, mean of means method to evaluate composite scores, segmentation analysis based on respondent demographic information, key driver analysis, and attribute analysis of composites.

The reports were organized in an understandable manner consisting of 12 distinct sections. These sections included:

1. Executive Summary
2. Methodology
3. Trend Comparisons
4. Benchmark and Population Comparisons
5. Global Proportions and Three-Point Scores
6. Questions Summaries
7. Segmentation Analysis
8. Key Driver and Opportunity Analyses
9. CAHPS Improvement Strategies- Medicaid Plans
10. Technical Notes
11. Banner Tables
12. Glossary of Terms

Benchmarking was done for all five populations using composite, composite attribute and rating data. TMG reports contained benchmark comparisons of the CMFHP 2009 CAHPS results to the following data sources:

- 2008 Quality Compass
- 2009 TMG Book of Business
- 2008 National CAHPS Benchmarking Database
- 2008 CAHPS Booklet (Medicaid Child)
- CMFHP CCC results to CMFHP General Population

The following is a summary of key findings, provided in the TMG reports. Findings for ratings, composite scores and questions relating to access, quality, and timeliness of care are discussed. CMFHP indicated high scores, greater than or equal to 80%, represent increased satisfaction. Opportunities for improvement were based on comparisons to the benchmarks. The following strengths and opportunities related to access, quality, and timeliness were listed by CMFHP in their interpretation of and response to the TMG reports:

HW19 Medicaid Adult

CMFHP's strengths related to access, quality of care and timeliness of care include:

- Getting care, tests, or treatments necessary
- Obtaining needed care right away
- Obtaining care when needed, not when need [sic] right away
- Doctors showing respect for what you had to say
- Doctors listening carefully to you
- Doctors explaining things in an understandable way
- Doctors spending enough time with you
- Getting information/help from customer service
- Treated with courtesy and respect by customer service staff
- Health provider talked about pros and cons of choice of treatment
- Doctors or health providers asking which choice of treatment of healthcare was best for you
- Coordination of Care
- Rating of healthcare
- Rating of personal doctor
- Rating of the health plan

CMFHP's opportunities related to access, quality of care and timeliness of care include:

- Increase member satisfaction with the ease of getting appointment with a specialist
- Increase member satisfaction with the rating of specialist
- Increase member satisfaction with the health promotion and education
- Increase member satisfaction with the Effectiveness of Care Measures:
 - Advising Smokers to Quit
 - Smoking Cessation-Medication
 - Smoking Cessation-Strategies

HW19 Medicaid Child

CMFHP's strengths related to access, quality of care and timeliness of care include:

- Getting care, tests, or treatments necessary
- Ease of getting appointment with a specialist
- Obtaining help from doctors or health providers in contacting child's school or daycare
- Doctors showing respect for what you had to say
- Doctors listening carefully to you
- Doctors explaining things in an understanding [sic] way
- Doctors spending enough time with your child
- Doctor talked about how child is feeling, growing, and behaving
- Doctor understands how these conditions affect child's day-to-day life?
- Doctor understands how these conditions affect family's day-to-day life?
- Treated with courtesy and respect by customer service staff
- Rating of personal doctor
- Rating of healthcare
- Rating of health plan
- Access to Prescription Medicine
- Ease of getting special medical equipment or devices

- Ease of getting treatment or counseling
- Family-Centered Care: Getting Needed Information
- Coordination of Care for Children with Chronic Conditions
- Obtaining needed care right away
- Obtaining care when needed not when needed right away

CMFHP's opportunities related to access, quality of care and timeliness of care include:

- Increase member satisfaction with rating of health plan specialists
- Increase member satisfaction with rating of healthcare coordination
- Increase member satisfaction with getting information/help from customer service

HW21 CHIP Child

CMFHP's strengths related to access, quality of care and timeliness of care include:

- Getting care, tests, or treatments necessary
- Ease of getting appointment with a specialist
- Doctors showing respect for what you had to say
- Doctors listening carefully to you
- Doctors explaining things in an understanding way
- Doctors spending enough time with your child
- Doctor talked about how child is feeling, growing, and behaving
- Doctor understands how these conditions affect child's day-to-day life?
- Doctor understands how these conditions affect family's day-to-day life?
- Treated with courtesy and respect by customer service staff
- Rating of personal doctor
- Rating of specialist
- Rating of healthcare
- Rating of health plan
- Access to Prescription Medicine
- Family-Centered Care: Getting Needed Information
- Getting needed help from child's doctor or health providers in contacting child's school or daycare
- Obtaining needed care right away
- Obtaining care when needed not when needed right away

CMFHP's opportunities related to access, quality of care and timeliness of care include:

- Increase member satisfaction with getting information/help from customer service
- Increase member satisfaction with shared decision making
- Increase member satisfaction with health promotion and education
- Increase member satisfaction with coordination of care for children with chronic care conditions
- Doctor's office or clinic helped coordinate child's care among different providers of services
- Increase member satisfaction with access to specialized services
- Increase member satisfaction with coordination of care for children with chronic conditions

TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS

UniCare provided KFMC with the three CAHPS reports completed by DSS Research, an NCQA-certified HEDIS survey vendor that was selected by UniCare to conduct their 2009 CAHPS survey. As a certified vendor, DSS Research is required to adhere to the NCQA HEDIS Specifications for Survey Measures. The findings were provided in the three reports representing the following five population categories:

- HW19 Adult
- HW19 General Child
- HW19 CCC
- HW21 General Child
- HW21 CCC

DSS Research's conclusions were noted in the reports. UniCare did not provide their interpretation of the reports or their planned interventions for areas representing opportunities for improvement according to the reports. KFMC reported findings identified by DSS Research as UniCare's strengths and opportunities for improvement for this portion of the report.

KFMC evaluated the CAHPS reports to determine the methodological soundness of the surveys. Since UniCare's contract with KHPA specifies use of the CAHPS survey, the CAHPS technical specifications were referred to throughout the validation process. KFMC's findings were documented on the Survey Validation Worksheet, included as Attachments D of this report.

DESCRIPTION OF DATA FINDINGS

UniCare used McKesson software, which is NCQA certified, to identify the sample frame. The data source for the sample frame was UniCare's membership database. The software identifies the sample frame based on NCQA HEDIS specifications for age, continuous enrollment, current enrollment, coverage gaps and chronic condition pre-screen status. UniCare included retrospective eligibility periods. Only HW19 enrollment information was used to determine continuous eligibility for the HW19 sample frame, and only HW21 enrollment information was used to determine continuous eligibility for the HW21 sample frame.

In addition, the integrity of the sample frame was evaluated by UniCare's HEDIS auditor. The purpose of the audit was to determine if the appropriate steps were followed in preparing the sample frame file. Once the sample frame was approved, UniCare submitted it to DSS Research. UniCare's sample frame specifications are described below:

HW19 Adult

Adults 18 years and older on 12/31/2008 were selected. Eligible members were enrolled continuously for six months with no more than one enrollment gap of 45 days.

HW19 Child

Children ages 17 and younger on 12/31/2008 were selected for the general population sample. Eligible members were enrolled continuously for six months with no more than one enrollment gap of 45 days. After the general population sample was drawn, an additional group of child members with a claim status indicating a probable chronic condition were randomly selected from the remaining eligible members.

HW21 Child

Children ages 17 years or younger on 12/31/2008 were selected for the general population sample. Eligible members were enrolled continuously for six months with no more than one enrollment gap of 45 days. After the general population sample was drawn, an additional group of child members with a claim status indicating a probable chronic condition were randomly selected from the remaining eligible members.

DSS Research deduplicated the samples so that each household received no more than one survey. This was accomplished by selecting the adult sample first, then excluding households represented in the adult sample from the child population sampling frames, based on subscriber ID and household address. Children of the sampled adult households were not selected.

The DSS Research reports do not contain specific purpose statements; however, an implied purpose is to achieve NCQA accreditation. The study objectives were listed in the reports.

DSS Research stated objectives for the adult survey including:

- Determination of member rating of their health plan overall, overall healthcare provided, their personal doctor overall and specialist care overall
- Assessment of member perceptions related to customer service, getting needed care, getting care quickly, how well doctors communicate, shared decision making, coordination of care and health promotion and education
- Evaluation of assistance with smoking cessation measures
- Standard measurement of all areas mentioned to facilitate meaningful comparisons among health plans that wish to disclose their data to healthcare consumers

DSS Research stated objectives for the child surveys including:

- Determination of member rating of their health plan overall, overall healthcare provided, their personal doctor overall and specialist care overall

- Assessment of member perceptions related to customer service, getting needed care, getting care quickly, how well doctors communicate, courteous and helpful office staff and chronic condition measures
- Standard measurement of all areas mentioned to facilitate meaningful comparisons among health plans that wish to disclose their data to healthcare consumers

The report documentation implied the survey audience was the health plan. Additional information provided by UniCare indicated intended audiences included NCQA (for accreditation), members, physicians and state regulatory agencies.

UniCare added plan-specific questions to the questionnaires for all HW populations. The wording and placement of the questions met NCQA guidelines. More details about the plan-specific questions are provided in the Survey Validation Worksheet (Attachment D).

The study populations are HW19 adults, HW19 children, and HW21 children who meet the CAHPS eligibility criteria. The DSS Research reports do not clearly define or reference these Kansas Medicaid and CHIP populations, though with knowledge of the Kansas HW populations enrolled in UniCare, it is possible to deduce which populations are represented within each of the reports. In addition, the population size associated with each group was not stated within the reports.

KFMC requested additional details from UniCare regarding the sample frame/population sizes. In response to this inquiry, UniCare provided an Internal Audit Team report with additional details about the 2009 sample frames. According to the audit team report, the sample frames included 3,945 HW19 adults, 19,829 HW19 children, and 10,771 HW21 children.

The DSS Research reports noted, "To reduce respondent burden, the sample was deduplicated so that only one adult or child in each household would be included in the sample." A simple random sample was used to select participants for the HW19 Adult CAHPS survey, and the report indicates 1,350 surveys were mailed. The HW19 and HW21 child reports also indicate a simple random sample was used to select participants for the Child CAHPS survey, and the reports indicate that 3,490 surveys were mailed for HW19 children and 2,688 total surveys were mailed for HW21. However, additional information provided by UniCare describes what appears to be a stratified random sampling strategy used by DSS Research. The additional information states that DSS takes a random sample of 1,650 and then takes an oversample of 1,840 from the CCC population for a total sample of 3,490. If there is not enough CCC to take the entire oversample, DSS takes what is available. UniCare confirmed there were not enough HW21 children meeting the CCC pre-screen criteria to pull the full CCC oversample.

The CCC prescreen criteria was applied during creation of the sampling frames by UniCare. The CCC population discussed in the reports was identified based on survey

responses. For HW19, there were 594 respondents in the General Child population and 454 respondents in the CCC population. For HW21, there were 760 respondents in the General Child population and 453 respondents in the CCC population. The sampling strategy used by DSS Research appeared to be appropriate.

The DSS Research reports indicated the CAHPS surveys were administered to the HW19 and HW21 populations using the mixed methodology (mail and telephone), which includes two questionnaire mailings, two reminder postcards, and a telephone follow-up. DSS Research survey administration processes followed the NCQA protocol.

The reports identified the following response rates:

- **HW19 Adult** – 33.5% (428 responses from a sample of 1,350 minus 72 ineligible members)
- **HW19 Child (includes both the general child and supplemental CCC samples)** – 38.4% (1,296 responses from a sample of 3,490 minus 117 ineligible members)
- **HW21 Child (includes both the general child and supplemental CCC samples)** – 48.9% (1,267 responses from a sample of 2,688 minus 98 ineligible members)

Response rate data was reported by DSS Research for all child surveys mailed, and does not differentiate between the general child sample and CCC oversample. Though it would have been useful to have a separate response rate reported for the general child group and the CCC oversample group, it appears the survey findings should be generalizable for all groups.

As noted previously, according to the HEDIS CAHPS protocols, MCOs must achieve a minimum of 411 completed surveys. The adult and child reports did not specify a target number of completed survey responses. For HW19, there were 428 adult survey respondents, 594 respondents in the General Child population and 454 respondents in the CCC population. For HW21, there were 760 respondents in the General Child population and 453 respondents in the CCC population. The requirement of 411 completed surveys was met for all groups.

Additionally, 100 responses for each HEDIS survey question are needed to report HEDIS survey results for that question. If the number of responses to any question is less than 100, HEDIS results calculated using that question receive a measure result of Not Reportable (NR). The adult and child reports did not include discussion regarding the 100 responses for each HEDIS survey question. Review of question frequencies for the composite attribute and rating questions revealed at least 100 valid responses for the majority of survey questions. The adult report identified the following question where the denominators were less than 100:

- The customer service composite score was reported as having fewer than 100 valid responses.

As previously noted, the HEDIS 2009 Specifications for Survey Measures suggest the following:

- Use of a confidential tracking identification number, which is used to record member responses so follow-up mailings of questionnaires are only sent to non-respondents
- Review each questionnaire for legibility and completeness. If member responses are ambiguous, a coding specialist employs decision rules documented in the Quality Assurance Plan.
- To ensure data quality, two separate data entry specialists must independently enter answers for each questionnaire. Comparison of the separate entries identifies data entry errors that need adjudication.
- Develop a written protocol of personnel training and quality control processes

The DSS Research reports do not contain references to a tracking number system, coding decision rules, data entry quality checks, personnel training, or a written quality control process. Additional information was provided by UniCare regarding the quality control procedures that were in place for: survey administration; address standardization; monitoring, printing and mailing processes; procedures used for coding, editing and entering data; monitoring the accuracy of coding decision rules; and interpreting hand written comments. The appropriate quality control procedures were in place.

As an NCQA-Certified HEDIS Survey Vendor, DSS Research is responsible for submitting clean member-level data files to NCQA for calculation of HEDIS results, in accordance with the HEDIS survey file layouts. The reports do not contain discussion regarding the data preparation and analysis plans. Additional information was requested from UniCare regarding the data preparation and analysis procedures used for the surveys. UniCare provided evidence of their data preparation and analysis procedures. The reports described various methods used to identify statistical significance and opportunities for improvement including: regression analysis, factor analysis, derived importance, performance analysis, correlation analysis, cross-tabulation, Z-test and key driver analysis. Based on additional information provided by UniCare, the data preparation procedures appear to be sound.

In the child survey reports, statistically significant differences between the general child and CCC response groups were reported. These response groups overlap, so they cannot be considered independent samples. KFMC requested further details about the statistical test used for these comparisons. UniCare provided the formula and confirmed a Student's t-test was used. KFMC's statistical analyst reviewed the relevant details and noted that because the CCC and General Child populations overlap, the Student's t-test, as it was used, may not be ideal. The t-test used would, however, appropriately test for differences between the CCC population and the non-CCC members of the General Child population. If UniCare had a relatively small fraction of its members in the CCC population, then the violation of the assumption of independent samples would have little effect on the test results. KFMC's analyst reviewed the statistically significant findings reported by DSS Research and compared the formula for the usual t-test for

independent samples with a t-test that takes overlapping populations into account. The formula for overlapping populations produces lower p-values. The analysts concluded that all of the DSS Research reported statistically significant differences between the General Child and CCC were statistically significant differences. It was noted that there may have been additional differences that were not found due to the choice of test.

KFMC noticed several questions in the HW19 Child and HW21 Child reports were flagged in the DSS Research reports as having a small base size (<30) making significance testing not appropriate. Yet the results of significance testing appear to have been reported for some of these questions. Questions noted as having a small base size with significance testing results noted include:

- Q18. Easy to get special medical equipment (HW21)
- Q57. Getting help with prescription problems (HW19 and HW21)
- Q63. Uses more because of medical/behavioral/other condition (HW21)
- Q64. Condition has lasted/is expected to last at least 12 months (HW21)
- Q66. Limited because of medical/behavioral/other condition (HW19 and HW21)
- Q69. Needs special therapy because of medical/behavioral/other condition (HW19 and HW21)
- Q72. Condition has lasted/is expected to last at least 12 months (HW19 and HW21)

The reports were organized in an understandable manner consisting of five distinct sections:

1. Background and Objectives
2. Executive Summary
3. Methodology
4. Research Findings
5. Appendices

The reports contained relevant information to assess satisfaction and identify areas for improvement. Benchmarking was done for all five populations using composite, composite attribute and rating data. The DSS Research reports contain benchmark comparisons of the UniCare 2009 adult CAHPS results to the following data sources:

- 2008 Medicaid Average (Quality Compass)
- 2009 DSS Average (DSS Adult Medicaid Book of Business)

The DSS Research reports contain benchmark comparisons of the UniCare 2009 HW19 and HW21 Child CAHPS results to the following data sources:

- 2008 Medicaid Average (Quality Compass)
- UniCare General Population to UniCare CCC

The following is a summary of key findings provided in the DSS Research reports:

HW19 Adult Ratings

- Healthcare ratings of 9 or 10 increased since 2008, and are above both the 2008 Quality Compass Medicaid average and the 2009 DSS average.
- Health plan ratings of 9 or 10 decreased since 2008, and are below both the 2008 Quality Compass average and the 2009 DSS average.
- Personal doctor ratings of 9 or 10 decreased since 2008, and are below both the 2008 Quality Compass average and the 2009 DSS average. Rating of personal doctor was also identified through key driver analysis as one of the biggest opportunities for improving overall satisfaction.
- Specialist ratings of 9 or 10 increased since 2008, but are below both the 2008 Quality Compass average and the 2009 DSS average.

Composites

- The customer service composite increased since 2008 and is above both the 2008 Quality Compass Medicaid average and the 2009 DSS average.
- The getting needed care composite increased since 2008, and is above both the 2008 Quality Compass Medicaid average and the 2009 DSS average.
- The getting care quickly composite increased since 2008, and is above both the 2008 Quality Compass Medicaid average and the 2009 DSS average.
- The how well doctors communicate composite decreased since 2008, and is below both the 2008 Quality Compass Medicaid average and the 2009 DSS average. The greatest opportunity for improvement in the composite revolved around doctors asking patients which treatment choice is best for them.
- The shared decision making composite decreased since 2008 and is below both the 2008 Quality Compass Medicaid average and the 2009 DSS average. The greatest opportunity for improvement in the composite revolves around doctors asking patients which treatment choice is best for them.

Access to Care

- Key driver analysis identified “Written Materials/Internet Provide Needed Information” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Ease of Using the Health Plan’s Website” as one of the biggest opportunities for improving overall satisfaction

Quality of Care

- The two-year average for smokers advised to quit is below the 2008 Quality Compass Medicaid average, but is above the 2009 DSS average.
- The two-year average for smoking cessation medications discussed is below both the 2008 Quality Compass Medicaid average and the 2009 DSS average.
- The two-year average for smoking cessation strategies discussed is below both the 2008 Quality Compass Medicaid average and the 2009 DSS average.

Timeliness of Care

- No findings relating to timeliness were identified.

HW19 General Child and CCC

Ratings

- Health plan ratings of 9 or 10 for the CCC population increased since 2008 and are above the 2008 Quality Compass Medicaid average, but are below the 2009 general child results.
- Personal doctor ratings of 9 or 10 for the CCC population increased since 2008 and are above both the 2009 general child results and the 2008 Quality Compass Medicaid average.
- Specialist ratings of 9 or 10 for the CCC population increased since 2008 and are above both the 2009 general child results and the 2008 Quality Compass Medicaid average. This was also identified as one of the biggest opportunities for improving overall satisfaction through key driver analysis.
- Healthcare ratings of 9 or 10 for the CCC population decreased since 2008, and are below both the 2009 general child results and the 2008 Quality Compass Medicaid average.

Composites

- The how well doctors communicate composite for the CCC population increased since 2008, and is above the 2008 Quality Compass Medicaid average, but below the 2009 general child results.

Access to Care

- Key driver analysis identified “Customer Service Staff Gave Information/Help Needed” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Ease of Using the Health Plan’s Website” as one of the biggest opportunities for improving overall satisfaction.

Quality of Care

- Key driver analysis identified “Doctors Listen Carefully” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Doctors Respected Your Comments” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Customer Service Staff Treated You with Courtesy and Respect” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Doctors Explain Things Clearly” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Doctors Spent Enough Time” as one of the biggest opportunities for improving overall satisfaction.

Timeliness of Care

- No findings relating to timeliness were identified.

HW21 General Child and CCC

Ratings

- Health plan ratings of 9 or 10 for the CCC population increased since 2008 and are above the 2008 Quality Compass Medicaid average, but are below the 2009 general child results.

- Personal doctor ratings of 9 or 10 for the CCC population increased since 2008 and are above the 2008 Quality Compass Medicaid average, but are below the 2009 general child results. This was also identified through key driver analysis as one of the biggest opportunities for improving overall satisfaction.
- Specialist ratings of 9 or 10 for the CCC population increased since 2008 and are above the 2008 Quality Compass Medicaid average, but are below the 2009 general child results.
- Healthcare ratings of 9 or 10 for the CCC population decreased since 2008, and are below both the 2009 general child results and the 2008 Quality Compass Medicaid average.

Composites

- The how well doctors communicate composite decreased since 2008, but is above both the 2008 Quality Compass Medicaid average and the 2009 general child results.

Access to Care

- Key driver analysis identified “Ease of Using the Health Plan’s Website” as one of the biggest opportunities for improving overall satisfaction.

Quality of Care

- Key driver analysis identified “Customer Service Staff Treated You with Courtesy and Respect” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Doctors Spent Enough Time” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Doctor Was Informed About Care from Other Doctors” as one of the biggest opportunities for improving overall satisfaction.

Timeliness of Care

- No findings relating to timeliness were identified.

CROSS-PLAN/PROGRAM COMPARISON

TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS

In order to make plan/program comparisons, question-level survey results were obtained for each Kansas Medicaid and CHIP plan. In addition, regional and national benchmarking data was obtained from the NCBD database. The plan/program level data and benchmarking data was consolidated into analysis files so that statistical testing could be completed, differences identified, and question-level data could be displayed in graphical and tabular formats. Results of comparisons were statistically significant if the resulting p-values were less than 0.05. Statistically significant differences are discussed below in the data findings for ratings, composites, access to care measures, quality of care measures, and timeliness of care measures.

Results of selected survey ratings, composites, and questions relating to access, quality and timeliness of care are graphically displayed in Attachment A of this report. Statistically significant differences are not displayed in Attachment A, but are provided in Attachment B. The three smoking cessation measures included in the quality of care measures category were calculated using a two-year average. In addition, some of the survey populations displayed in the graphs are the result of combining other categories. For example, the UniCare overall category results from combining UniCare HW19 and UniCare HW21 and the HW overall category results from combining CMFHP HW19, CFMHP HW21, UniCare HW19 and UniCare HW21. When categories were combined, weighting was used to ensure that responses from subgroups are weighted in the same proportion as those subgroups appear in the overall population. For example, since there are more children in HW19 than in HW21, the survey results for HW19 were weighted heavier than the results for HW21 in the HW overall category.

In the graphical display, “response frequency” represents the total number of responses to the survey question represented. Response frequencies were not reported for categories that were created using the weighted analysis. Background information for each of the data sources used for this portion of the report is provided below:

CMFHP CAHPS Survey

CMFHP survey findings were provided in three separate reports, representing the following population categories:

- HW19 Adult
- HW19 General Child and CCC
- HW21 General Child and CCC

In addition to the reports, CMFHP provided a data file with member-level results to be used for the comparison analysis. Additional details regarding the CMFHP CAHPS methodology are available in Attachment C of this report.

UniCare CAHPS Survey

UniCare survey findings were provided in three separate reports, representing the following population categories:

- HW19 Adult
- HW19 General Child and CCC
- HW21 General Child and CCC

In addition to the reports, UniCare provided a data file with member-level results to be used for the comparison analysis. Additional details regarding the UniCare CAHPS methodology are available in Attachment D of this report.

HCK CAHPS Survey

KFMC provided findings to KHPA for 2009 CAHPS in the report titled “HealthConnect Kansas CAHPS Survey,” which was submitted 7/30/2009. The report findings represented the following population categories:

- Medicaid Adult
- Medicaid General Child and CCC

Some HCK composites that were designated Not Reportable (NR) in the July HCK CAHPS report are included in this comparison report. This is due to a difference in how response frequency was calculated for composites. In the July HCK CAHPS report, the average number of responses across the composite attribute questions was used. In this report, the total number of surveys with a response to one or more of the composite attribute questions was used. This method maximizes the number of reportable composites and is consistent with the reporting rules used by both plan's CAHPS vendors.

Additional details regarding the HCK CAHPS methodology are available in the report "HealthConnect Kansas CAHPS Survey."

NCBD Database

KFMC submitted HCK CAHPS survey data to the NCBD database as directed by KHPA. Submission to NCBD allows use of NCBD data to cross-check KFMC's survey results with the benchmark data collected by NCBD. As a benefit of participation, KFMC received access to NCBD's data through their 2009 CAHPS Health Plan Survey Database. This database contains the Midwest Regional and National results that were used for the regional and national comparisons. The Midwest Region data is comprised of data reported by Medicaid plans in 12 states (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin). The National data is comprised of all data reported nationally by 126 Medicaid plans reporting adult Medicaid survey data and 107 Medicaid plans submitting Child Medicaid survey data to NCBD.

NCBD results for questions unique to the CCC population (Personal Doctor Who Knows Child, Access to Specialized Services, and Coordination of Care) were not available, so regional and national comparisons were not completed for these measures. NCBD data for CHIP was not available, so the HW21 results were compared to the NCBD Medicaid benchmarks.

United States Federal Statistics

Comparative demographic data for Kansas (2000 and 2007) and the United States (2000) is displayed in Attachment A, Tables 3 and 4. This data was compiled from multiple sources including the US Census, State and County Quick Facts Report; Kansas BRFS, from the Kansas Department of Health and Environment website; and the Kansas Data Consortium, Kansas Health Indicators Report.

DESCRIPTION OF DATA FINDINGS

Response Rates (Attachment A, Tables 1 and 2)

HCK response rates were lower than CMFHP's and UniCare's response rates for both the adult and child surveys. This is due to differences in how the surveys are fielded. Both CMFHP's and UniCare's vendors use a mixed methodology including multiple survey mailings, reminders and a telephone follow-up. The HCK surveys were fielded

using a two-wave mail only methodology. There were more complete and valid adult surveys reported for HCK than for CMFHP and UniCare, due to oversampling of the HCK adult population. CHIP (HW21) response rates were higher than Medicaid (HW19) response rates for both CMFHP and UniCare.

Respondent Demographics (Attachment A, Tables 3 and 4)

- HCK adult survey respondents were much less likely to report their health status as being very good or excellent than CMFHP or UniCare adult survey respondents. This may be due to differences in eligibility criteria for these programs. All Kansas Medicaid plans/programs were less likely to report their health status as being very good or excellent than the general population in Kansas and the Nation.
- HCK adult survey respondents were more likely to report having less than a high school education than CMFHP or UniCare adult survey respondents. Respondents from each of the Kansas Medicaid plans/programs were more likely than the general population in Kansas and the Nation to report having less than a high school education.
- HCK adult survey respondents were less likely to report having Hispanic ethnicity than CMFHP or UniCare adult survey respondents. Fewer respondents from Kansas Medicaid plans/programs reported Hispanic ethnicity than the Medicaid NCBD benchmark. The Kansas Medicaid adult respondents reported Hispanic ethnicity in similar proportions to the general population in Kansas and the Nation.
- A higher number of adult survey respondents from each of the Kansas Medicaid plans/programs indicated having three or more doctor or clinic visits than the Medicaid NCBD benchmark.
- HCK child survey respondents were more likely to report having less than a high school education than respondents from other Kansas plans.
- HCK child survey respondents were the most likely to report Hispanic ethnicity, and CMFHP members were the least likely to report Hispanic ethnicity. All Kansas plan's/program's survey respondents reported Hispanic ethnicity more frequently than the general population in Kansas and the Nation.

Ratings

Rating of Health Plan (Attachment A, Table 5)

HCK

- HCK adult survey respondents were less likely than HW19 adults and Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.
- HCK general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.
- HCK CCC survey respondents were less likely than HW19 CCC respondents to rate their health plan a 9 or 10.

CMFHP

- CMFHP adult survey respondents were more likely than UniCare adult survey respondents and Medicaid consumers in the Midwest Region and the Nation, to rate their health plan a 9 or 10.
- CMFHP HW19, HW21 and CMFHP overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- CMFHP HW19, HW21 and CMFHP overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- CMFHP HW21 CCC survey respondents were more likely than UniCare HW21 CCC respondents to rate their health plan a 9 or 10.

UniCare

- UniCare adult survey respondents were less likely than CMFHP adult survey respondents to rate their health plan a 9 or 10.
- UniCare HW19, HW21 and UniCare overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- UniCare HW19 and UniCare overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- UniCare HW21 CCC survey respondents were less likely than CMFHP HW21 CCC survey respondents, but more likely than Medicaid consumers in the Midwest Region, to rate their health plan a 9 or 10.

Kansas HealthWave

- HW19 adult survey respondents were more likely than HCK adults, and Medicaid consumers in the Midwest Region and the Nation, to rate their health plan a 9 or 10.
- HW19, HW21 and HW overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.
- HW19, HW21 and HW overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.

Rating of Healthcare (Attachment A, Table 6)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 and CMFHP overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.
- CMFHP HW21 CCC survey respondents were more likely than UniCare HW21 CCC respondents, and Medicaid consumers in the Midwest Region and the Nation, to rate their healthcare a 9 or 10.

- CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.

UniCare

- UniCare HW19 and UniCare overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to rate their healthcare a 9 or 10.

Kansas HealthWave

- HW19, HW21 and HW overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.
- HW21 and HW overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.

Rating of Personal Doctor (Attachment A, Table 7)

HCK

- HCK adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region with their personal doctors.

CMFHP

- CMFHP overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.

UniCare

- UniCare adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region with their personal doctors.
- UniCare HW19 and UniCare overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.

Kansas HealthWave

- HW19 and HW overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.
- HW19 and HW overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.

Rating of Specialist Seen Most Often (Attachment A, Table 8)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 CCC survey respondents were less satisfied with the specialist seen most often than CMFHP HW21 respondents, UniCare HW19 respondents and Medicaid consumers in the Nation.

UniCare

- UniCare HW19 CCC survey respondents were more satisfied with the specialist seen most often than CMFHP HW19 respondents.
- UniCare CCC respondents overall were more satisfied with the specialist seen most often than Medicaid consumers in the Midwest Region.

Kansas HealthWave

- No statistically significant findings were identified.

General Composites

Getting Needed Care (Attachment A, Table 9)

HCK

- HCK adult survey respondents were more satisfied than Medicaid consumers in the Nation with getting needed care.

CMFHP

- CMFHP HW19, HW21, and CMFHP overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.
- CMFHP HW19 CCC survey respondents were less satisfied than CMFHP HW21 CCC respondents with getting needed care.
- CMFHP HW21 CCC survey respondents were more satisfied than UniCare HW21 CCC respondents with getting needed care.
- CMFHP HW21 CCC and CMFHP overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.

UniCare

- UniCare HW19 and UniCare overall CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting needed care.
- UniCare HW21 CCC respondents were less satisfied than CMFHP HW21 CCC respondents with getting needed care.

Kansas HealthWave

- HW19, HW21, and HW overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.
- HW21 and HW overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.
- HW19 CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting needed care.

Getting Care Quickly (Attachment A, Table 10)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19, HW21, and CMFHP overall CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting care quickly.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW19, HW21, and HW overall CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting care quickly.

How Well Doctors Communicate (Attachment A, Table 11)

HCK

- HCK adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region and the Nation with how well doctors communicate.

CMFHP

- CMFHP adult survey respondents were more satisfied than UniCare adult survey respondents with how well doctors communicate.
- CMFHP HW21 general child survey respondents were more satisfied than UniCare HW21 general child respondents with how well doctors communicate.
- CMFHP overall general child respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with how well doctors communicate.
- CMFHP HW21 CCC respondents were more satisfied than UniCare HW21 CCC respondents with how well doctors communicate.

UniCare

- UniCare adult survey respondents were less satisfied than CMFHP adult respondents, and Medicaid consumers in the Midwest Region and Nation, with how well doctors communicate.
- UniCare HW21 general child survey respondents were less satisfied than CMFHP HW21 general child respondents with how well doctors communicate.
- UniCare HW21 CCC survey respondents were less satisfied than CMFHP HW21 CCC respondents with how well doctors communicate.

Kansas HealthWave

- No statistically significant findings were identified.

Customer Service (Attachment A, Table 12)

HCK

- HCK adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region and the Nation with customer service.

CMFHP

- No statistically significant findings were identified.

UniCare

- UniCare HW21 general child survey respondents were more satisfied than Medicaid consumers in the Nation with customer service.

Kansas HealthWave

- No statistically significant findings were identified.

Shared Decision Making (Attachment A, Table 13)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult survey respondents were more likely than UniCare adults and Medicaid consumers in the Midwest Region and the Nation to report shared decision making.
- CMFHP HW21 general child respondents were more likely than UniCare HW21 general child respondents to report shared decision making.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report shared decision making.
- CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report shared decision making.

UniCare

- UniCare adult survey respondents were less likely than CMFHP adults to report shared decision making.
- UniCare HW21 general child respondents were less likely than CMFHP HW21 general child respondents, and Medicaid consumers in the Midwest Region and the Nation, to report shared decision making.
- Unicare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report shared decision making.

Kansas HealthWave

- HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report shared decision making.

CCC Composites

Access to Specialized Services (Attachment A, Table 14)

- No statistically significant findings were identified.

Personal Doctor Who Knows Child (Attachment A, Table 15)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 general child respondents were more likely than CMFHP HW21 general child respondents to report having a personal doctor who knows the child.
- CMFHP HW19 general child respondents were more likely than UniCare HW19 general child respondents to report having a personal doctor who knows the child.

UniCare

- UniCare HW19 general child respondents were less likely than CMFHP HW19 general child respondents to report having a personal doctor who knows the child.

Kansas HealthWave

- No statistically significant findings were identified.

Coordination of Care (Attachment A, Table 16)

HCK

- HCK CCC respondents were less likely than HW19 CCC respondents to report coordination of care.

CMFHP

- CMFHP HW19 general child respondents were more likely than UniCare HW19 general child respondents to report coordination of care.

UniCare

- UniCare HW19 general child respondents were less likely than CMFHP HW19 general child respondents to report coordination of care.

Kansas HealthWave

- HW19 CCC respondents were more likely than HCK CCC respondents to report coordination of care.

Access to Care Measures

Easy to Get Appointments with Specialists (Attachment A, Table 17)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- CMFHP HW19 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get appointments with specialists.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents, and Medicaid consumers in the Midwest Region and the Nation, to report it was easy to get appointments with specialists.
- CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.

UniCare

- UniCare HW19 and UniCare overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get appointments with specialists.

Kansas HealthWave

- HW21 and HW overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- HW21 and HW overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- HW21 CCC respondents were more likely than Medicaid consumers in the Midwest Region to report it was easy to get appointments with specialists.

Easy to Get Necessary Care, Tests and Treatment (Attachment A, Table 18)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 general child respondents were more likely than UniCare HW19 general child respondents to report it was easy to get necessary care, tests and treatment.
- CMFHP HW19, HW21 and CMFHP overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report it was easy to get necessary care, tests and treatment.
- CMFHP HW19, HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.

UniCare

- UniCare HW19 general child respondents were less likely than CMFHP HW19 general child respondents to report it was easy to get necessary care, tests and treatment.
- UniCare HW21 and UniCare overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get necessary care, tests, and treatment.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get necessary care, tests and treatment.
- UniCare overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get necessary care, tests, and treatment.

Kansas HealthWave

- HW19, HW21 and HW overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.
- HW19, HW21 and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.

Customer Service Gave Necessary Information/Help (Attachment A, Table 19)

HCK

- No statistically significant findings were identified.

CMFHP

- No statistically significant findings were identified.

UniCare

- UniCare HW21 general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report customer service always gave the necessary help and information.

Kansas HealthWave

- No statistically significant findings were identified.

Doctor Seemed Informed and Up-to-Date About Care Received from Other Providers (Attachment A, Table 20)

HCK

- No statistically significant findings were identified.

CMFHP

- No statistically significant findings were identified.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW21 CCC respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors seemed informed and up-to-date about care received from other providers.

Has a Personal Doctor (Attachment A, Table 21)

HCK

- HCK adult survey respondents were more likely than HW19 adults to report having a personal doctor.

CMFHP

- No statistically significant findings were identified.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW19 adults were less likely than HCK adults to report having a personal doctor.

Quality of Care Measures

Doctors Listened Carefully (Attachment A, Table 22)

HCK

- HCK adult survey respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report their doctors listened carefully.
- HCK CCC survey respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report their doctors listened carefully.

CMFHP

- CMFHP adult survey respondents were more likely than UniCare adults to report their doctors listened carefully.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report their doctors listened carefully.

UniCare

- UniCare adult survey respondents were less likely than CMFHP adults, and Medicaid consumers in the Midwest Region and the Nation, to report their doctors listened carefully.
- UniCare HW19, HW21 and overall CCC survey respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report their doctors listened carefully.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report their doctors listened carefully.

Kansas HealthWave

- No statistically significant findings were identified.

Doctors Respected Your Comments (Attachment A, Table 23)

HCK

- HCK adults were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors respected their comments.

CMFHP

- CMFHP adults were more likely than UniCare adults to report doctors respected their comments.

UniCare

- UniCare adults were less likely than CMFHP adults to report doctors respected their comments.

Kansas HealthWave

- No statistically significant findings were identified.

Doctors Spent Enough Time (Attachment A, Table 24)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adults were more likely than UniCare adults to report doctors spent enough time.
- CMFHP HW21 general child respondents were more likely than UniCare HW21 general child respondents, and Medicaid consumers in the Nation, to report doctors spent enough time.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors spent enough time.

UniCare

- Unicare adults were less likely than CMFHP adults and Medicaid consumers in the Midwest Region and the Nation, to report doctors spent enough time.
- Unicare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors spent enough time.
- Unicare HW21 general child respondents were less likely than CMFHP HW21 general child respondents, and Medicaid consumers in the Midwest Region and the Nation, to report doctors spent enough time.
- Unicare general child respondents overall were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors spent enough time.
- Unicare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report doctors spent enough time.

Kansas HealthWave

- No statistically significant findings were identified.

Doctors Explained Things Clearly (Attachment A, Table 25)

HCK

- HCK adults were less likely than HW19 adults and Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- HCK general child respondents were less likely than HW19 general child respondents and Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- HCK CCC respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.

CMFHP

- CMFHP adults were more likely than UniCare adults and Medicaid consumers in the Nation to report doctors explained things clearly.
- CMFHP HW19, HW21 and CMFHP overall general child respondents were more likely than their UniCare counterparts to report doctors explained things clearly.
- CMFHP HW19 and CMFHP overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.

- CMFHP HW21 general child respondents were more likely than Medicaid consumers in the Nation to report doctors explained things clearly.
- CMFHP HW19 and HW21 CCC respondents were more likely than their UniCare CCC counterparts to report doctors explained things clearly.
- CMFHP HW21 CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.

UniCare

- UniCare adults were less likely than CMFHP adults, and Medicaid consumers in Midwest Region and the Nation, to report doctors explained things clearly.
- UniCare HW19, HW21 and UniCare overall general child respondents were less likely than their CMFHP general child counterparts to report doctors explained things clearly.
- Unicare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- UniCare overall general child respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.
- UniCare HW19 and HW21 CCC respondents were less likely than their CMFHP counterparts to report doctors explained things clearly.
- UniCare HW19 and UniCare overall CCC respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.

Kansas HealthWave

- HW19 adult and general child respondents were more likely than HCK respondents to report doctors explained things clearly.

Doctors Discussed Pros and Cons of Treatment Choices (Attachment A, Table 26)

HCK

- HCK CCC respondents were less likely than HW19 respondents to report doctors discussed the pros and cons of treatment choices.

CMFHP

- CMFHP HW21 general child respondents were more likely than UniCare HW21 general child respondents to report doctors discussed the pros and cons of treatment choices.
- CMFHP HW19, HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report doctors discussed the pros and cons of treatment choices.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors discussed the pros and cons of treatment choices.
- CMFHP HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to report doctors discussed the pros and cons of treatment choices.

UniCare

- UniCare HW21 general child respondents were less likely than CMFHP HW21 general child respondents, and Medicaid consumers in the Midwest Region and Nation, to report doctors discussed the pros and cons of treatment choices.
- UniCare HW19 CCC respondents were more likely than Medicaid consumers in the Nation to report doctors discussed the pros and cons of treatment choices.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report doctors discussed the pros and cons of treatment choices.

Kansas HealthWave

- HW19 and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed the pros and cons of treatment choices.
- HW19 CCC respondents were more likely than HCK CCC respondents to report doctors discussed the pros and cons of treatment choices.

Doctors Asked Consumer Which Treatment Choice They Thought Was Best (Attachment A, Table 27)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adults were more likely than UniCare adults and Medicaid consumers in the Midwest Region and Nation to report doctors asked which treatment choice they thought was best.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors asked which treatment choice they thought was best.

UniCare

- UniCare adults were less likely than CMFHP adults to report doctors asked which treatment choice they thought was best.
- UniCare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors asked which treatment choice they thought was best.
- UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and Nation to report doctors asked which treatment choice they thought was best.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents, and Medicaid consumers in the Midwest Region and Nation, to report doctors asked which treatment choice they thought was best.

Kansas HealthWave

- HW19 adult respondents were more likely than Medicaid consumers in the Midwest Region and Nation to report doctors asked which treatment choice they thought was best.

Doctor Discussed What You Can Do to Prevent Illness (Attachment A, Table 28)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors discussed what to do to prevent illness.
- CMFHP HW19 and overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.

UniCare

- UniCare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors discussed what to do to prevent illness.
- UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- UniCare HW19 CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents and Medicaid consumers in the Midwest Region and the Nation, to report doctors discussed what to do to prevent illness.

Kansas HealthWave

- HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- HW19 and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.

Smoking Cessation: Advised to Quit (Attachment A, Table 29)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors advised them to quit.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors advised them to quit.

Smoking Cessation Medications Discussed (Attachment A, Table 30)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation medications.

UniCare

- UniCare adult smokers were less likely than Medicaid consumers in the Midwest Region to report doctors discussed smoking cessation medications.

Kansas HealthWave

- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation medications.

Smoking Cessation Strategies Discussed (Attachment A, Table 31)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation strategies.

UniCare

- UniCare adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation strategies.

Kansas HealthWave

- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation strategies.

Timeliness of Care Measures

Got Care for Illness/Injury as Soon as Needed (Attachment A, Table 32)

- No statistically significant findings were identified.

Got Non-Urgent Appointment as Soon as Needed (Attachment A, Table 33)

HCK

- HCK adults were more likely than Medicaid consumers in the Nation to indicate they got a non-urgent appointment as soon as needed.

CMFHP

- CMFHP HW19, HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to indicate they got a non-urgent appointment as soon as needed.

- CMFHP HW19 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

UniCare

- UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

Kansas HealthWave

- HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.
- HW19, HW21 and HW overall CCC respondents were more likely than Medicaid consumers in the Nation to indicate they got a non-urgent appointment as soon as needed.
- HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

CONCLUSIONS

Overall, CMFHP's CAHPS surveys were administered according to the NCQA guidelines in a methodologically sound manner. The survey findings reported by TMG are reliable and valid. The survey results are generalizable to the HW19 Adult, HW19 General Child, HW19 CCC, HW21 General Child, and HW21 CCC populations, with the exception of measures based on fewer than 100 responses, including:

- The customer service composite for HW19 adults, HW19 children, and HW21 children
- The access to specialized services composite for HW19 children and HW21 children
- Rating of specialist for HW19 children

Additionally, CMFHP provided details regarding their plan's response to their vendor's reports, and the results of their internal analysis regarding survey strengths and opportunities for improvement.

Overall, UniCare's CAHPS surveys were administered according to the NCQA guidelines in a methodologically sound manner. The survey findings reported by DSS Research are reliable and valid. The survey results are generalizable to the HW19 Adult, HW19 General Child, HW19 CCC, HW21 General Child, and HW21 CCC populations, with the exception of measures based on fewer than 100 responses, including:

- The customer service composite for HW19 adults

UniCare did not provide additional details regarding their plan's response their vendor's reports.

One area for improvement for both plan's survey reporting relates to survey response rate information. UniCare provided a combined response rate for the Child survey that included both the general child and supplemental CCC sample surveys that were sent out. CMFHP provided response rate data for only the general child samples and did not provide any information about the response rate for the supplemental CCC sample. It would be useful for each plan to report response rate details for each survey group that is sampled.

Conclusions noted below combine KFMC's cross-plan/program comparison results and each MCO's survey vendor's findings.

HCK

Ratings

Strengths

- HCK general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with their health plan.

Opportunities for Improvement

- HCK adults were less likely than HW19 adults, and Medicaid consumers in the Midwest Region and the Nation, to report high satisfaction with their health plan. HCK CCC respondents were less likely than HW19 CCC respondents in other Kansas plans to report high satisfaction with their health plan.
- HCK adults were less likely than Medicaid consumers in the Midwest Region to report high satisfaction with their personal doctors.

Composites

Strengths

- HCK adults were more likely than Medicaid consumers in the Nation to report high satisfaction with getting needed care.

Opportunities for Improvement

- HCK adults were less likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with how well doctors communicate.
- HCK adults were less likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with customer service.
- HCK CCC respondents were less likely than HW19 CCC respondents in other Kansas plans to report coordination of care.

Measures Relating to Access, Quality and Timeliness

Strengths

- HCK adults were more likely than adults in HW19 Kansas Medicaid plans to report having a personal doctor.

- HCK adults were more likely than Medicaid consumers in the Nation to report they got a non-urgent appointment as soon as needed.

Opportunities for Improvement

- HCK adults and HCK CCC respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors listened carefully.
- HCK adults were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors respected their comments.
- HCK adults and HCK general child respondents were less likely than their counterparts in other Kansas Medicaid plans to report doctors explained things clearly. HCK adults and HCK general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly. HCK CCC respondents were also less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.
- HCK CCC respondents were less likely than their counterparts in other Kansas Medicaid plans to report doctors discussed the pros and cons of treatment choices.

CMFHP

Ratings

Strengths

- CMFHP adults and HW21 CCC were more likely than UniCare counterparts, and Medicaid consumers in the Midwest Region and the Nation, to report high satisfaction with their health plan. CMFHP HW19, HW21, and CMFHP overall general child and CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with their health plan. CMFHP also identified this area as a strength based on the vendor's survey reports.
- CMFHP HW19 general child respondents, CMFHP overall general child respondents, CMFHP HW21 CCC respondents, and CMFHP overall HW21 respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with their healthcare. CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report high satisfaction with their healthcare. CMFHP also identified this area as a strength based on their vendor's survey reports.
- CMFHP overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with their personal doctors. CMFHP also noted this area as a strength based on their survey vendor's reports.

Opportunities for Improvement

- CMFHP HW19 CCC respondents were less likely than CMFHP HW21 CCC respondents, their UniCare counterparts, and Medicaid consumers in the Nation

to report high satisfaction with specialists. CMFHP also noted this as an area for improvement based on their survey vendor's reports.

Composites

Strengths

- CMFHP HW19 general child respondents, CMFHP HW21 general child respondents, CMFHP overall general child respondents, CMFHP HW21 CCC respondents, and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with getting needed care. CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report high satisfaction with getting needed care.
- CMFHP HW19 CCC respondents, CMFHP HW21 CCC respondents and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report high satisfaction with getting care quickly.
- CMFHP adults, CMFHP HW21 general child respondents, and CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report high satisfaction with how well doctors communicate. CMFHP overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with how well doctors communicate.
- CMFHP adults, CMFHP HW21 general child respondents, and CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report shared decision making. CMFHP adults and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report shared decision making.

Opportunities for Improvement

- CMFHP HW19 CCC respondents were less likely than CMFHP HW21 CCC respondents to report high satisfaction with getting needed care.

Measures Relating to Access, Quality and Timeliness

Strengths

- CMFHP overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists. CMFHP HW21 CCC respondents were more likely than their UniCare counterparts, and Medicaid consumers in the Midwest Region and the Nation, to report it was easy to get appointments with specialists. CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- CMFHP HW19 general child respondents and CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report it was easy to get necessary care, tests and treatment. CMFHP HW19 general child respondents, CMFHP HW21 general child respondents, CMFHP overall general child respondents, CMFHP HW19 CCC respondents, CMFHP HW21 CCC respondents, and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy

to get necessary care, tests, and treatment. CMFHP also noted this area as a strength based on their vendor's survey reports.

- CMFHP adults and CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report doctors listened carefully. CMFHP also noted this area as a strength based on their vendor's survey reports.
- CMFHP adults were more likely than their UniCare counterparts to report doctors respected their comments. CMFHP also noted this area as a strength based on their vendor's survey reports.
- CMFHP adults, CMFHP HW21 general child respondents, and CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report doctors spent enough time. CMFHP HW21 general child respondents were more likely than Medicaid consumers in the Nation to report doctors spent enough time. CMFHP also noted this area as a strength based on their vendor's survey reports.
- CMFHP adults, CMFHP HW19 general child respondents, CMFHP HW21 general child respondents, CMFHP overall general child respondents, CMFHP HW19 CCC respondents, and CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report doctors explained things clearly. CMFHP HW19 general child respondents, CMFHP overall general child respondents, and CMFHP HW21 CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly. CMFHP adults and CMFHP HW21 general child respondents were more likely than Medicaid consumers in the Nation to report doctors explained things clearly. CMFHP also identified this as a strength based on their vendor's survey reports.
- CMFHP HW21 general child respondents and CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report doctors discussed the pros and cons of treatment choices. CMFHP HW19 CCC respondents, CMFHP HW21 CCC respondents, and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report doctors discussed the pros and cons of treatment choices. CMFHP HW21 CCC and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed the pros and cons of treatment choices. CMFHP also identified this as a strength based on their vendor's survey reports.
- CMFHP HW21 CCC respondents were more likely than their UniCare counterparts to report doctors discussed what to do to prevent illness. CMFHP HW19 CCC respondents and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- CMFHP HW19 CCC respondents, CMFHP HW21 CCC respondents and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report they got a non-urgent appointment as soon as needed. CMFHP HW19 CCC respondents and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to report they got a

non-urgent appointment as soon as needed. CMFHP also noted this area as a strength based on feedback in their vendor's reports.

Opportunities for Improvement

- CMFHP HW19 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get appointments with specialists. CMFHP also noted this as an area for improvement based on their survey vendor's reports.
- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors advised them to quit, discussed smoking cessation medications, or discussed other smoking cessation strategies. CMFHP also noted this as an area for improvement based on their survey vendor's reports.

UniCare

Ratings

Strengths

- UniCare HW19 general child respondents, UniCare HW21 general child respondents, UniCare overall general child respondents, UniCare HW19 CCC respondents, and UniCare overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation, to report high satisfaction with their health plan. UniCare HW21 CCC respondents were more likely than Medicaid consumers in the Midwest Region to report high satisfaction with their health plan. UniCare's vendor also identified this area as strength in their reports.
- UniCare HW19 general child respondents and UniCare overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with their healthcare. UniCare's vendor also identified this area as strength in their reports.
- UniCare HW19 CCC respondents and UniCare overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with their personal doctors. UniCare's vendor also identified this area as strength in their reports.
- UniCare HW19 CCC respondents were more likely than their CMFHP counterparts to report high satisfaction with specialists. UniCare overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to report high satisfaction with specialists. UniCare's vendor also identified this area as strength in their reports.

Opportunities for Improvement

- UniCare adults and UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report high satisfaction with their health plan. UniCare's vendor also identified this as an area for improvement in their reports.
- UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report high satisfaction their healthcare. UniCare's vendor also identified this as an area for improvement in their reports.

- UniCare adults were less likely than Medicaid consumers in the Midwest Region to report high satisfaction with their personal doctors. UniCare’s vendor also identified this as an area for improvement in their reports.

Composites

Strengths

- UniCare HW19 CCC respondents and UniCare overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with getting needed care.
- UniCare HW21 general child respondents were more likely than Medicaid consumers in the Nation to report high satisfaction with customer service.

Opportunities for Improvement

- UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report high satisfaction with getting needed care.
- UniCare adults, UniCare HW21 general child respondents, and UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report high satisfaction with how well doctors communicate. UniCare adults were less likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with how well doctors communicate. UniCare’s vendor also identified this as an area for improvement in their reports.
- UniCare adults, UniCare HW21 general child respondents, and UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report shared decision making. UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report shared decision making. UniCare’s vendor also identified this as an area for improvement in their reports.

Measures Relating to Access, Quality and Timeliness

Strengths

- UniCare HW19 CCC respondents and UniCare overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- UniCare HW21 general child respondents, UniCare overall general child respondents, and UniCare overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get care, tests, and treatment.
- UniCare HW21 general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report customer service always gave the necessary help and information.
- UniCare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors spent enough time.
- UniCare HW19 CCC respondents were more likely than Medicaid consumers in the Nation to report doctors discussed the pros and cons of treatment choices.
- UniCare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors discussed what to do to prevent

illness. UniCare HW19 CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.

Opportunities for Improvement

- UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report it was easy to get appointments with specialists.
- Unicare HW19 general child respondents and UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report it was easy to get necessary care, tests and treatment.
- UniCare adults and UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report doctors listened carefully. UniCare adults, HW19 CCC respondents, HW21 CCC respondents, and HW overall CCC respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors listened carefully. UniCare's vendor also identified this as an area for improvement in their reports.
- UniCare adults were less likely than their CMFHP counterparts to report doctors respected their comments. UniCare's vendor also identified this as an area for improvement in their reports.
- UniCare adults, UniCare HW21 general child respondents, and UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report doctors spent enough time. UniCare HW21 general child respondents and UniCare general child respondents overall were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors spent enough time.
- UniCare adults, UniCare HW19 general child respondents, UniCare HW21 general child respondents, UniCare overall general child respondents, UniCare HW19 CCC respondents, and Unicare HW21 CCC respondents were less likely than their CMFHP counterparts to report doctors explained things clearly. UniCare adults and UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly. UniCare overall general child respondents, UniCare HW19 CCC respondents, and UniCare overall CCC respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly. UniCare's vendor also identified this as an area for improvement in their reports.
- UniCare HW21 general child respondents and UniCare HW21 CCC respondents were less likely than their CMFHP counterparts to report doctors discussed the pros and cons of treatment choices. UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed the pros and cons of treatment choices.
- Unicare HW21 CCC respondents were less likely than their CMFHP counterparts to report doctors discussed what to do to prevent illness. UniCare HW21 general child respondents and UniCare HW21 CCC respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.

- UniCare adult smokers were less likely than Medicaid consumers in the Midwest Region to report doctors discussed smoking cessation medications or other smoking cessation strategies. UniCare’s vendor also identified this area as an opportunity for improvement in their reports.
- Unicare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region to report they got a non-urgent appointment as soon as needed.

Kansas HealthWave

Ratings

Strengths

- HW19 adults were more likely than HCK adults, and Medicaid consumers in the Midwest Region and the Nation, to report high satisfaction with their health plan. HW19 general child respondents, HW19 CCC respondents, HW21 general child respondents, HW21 CCC respondents, HW overall general child respondents, and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with their health plan.
- HW19 general child respondents, HW21 general child respondents, HW overall general child respondents, HW21 CCC respondents, and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with their healthcare.
- HW19 general child respondents, HW overall general child respondents, HW19 CCC respondents, and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with their personal doctors.

Opportunities for Improvement

- No statistically significant findings were identified.

Composites

Strengths

- HW19 general child respondents, HW21 general child respondents, HW overall general child respondents, HW21 CCC respondents, and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report high satisfaction with getting needed care. HW19 CCC respondents were more likely than Medicaid consumers in the Nation to report high satisfaction with getting needed care.
- HW19 CCC respondents, HW21 CCC respondents, and HW overall CCC respondents were more likely than Medicaid consumers in the Nation to report high satisfaction with getting care quickly.
- HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report shared decision making.
- HW19 CCC respondents were more likely than HCK CCC respondents to report coordination of care.

Opportunities for Improvement

- No statistically significant findings were identified.

Measures Relating to Access, Quality and Timeliness

Strengths

- HW21 general child respondents, HW overall general child respondents, HW21 CCC respondents, and HW21 overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists. HW21 CCC respondents were more likely than Medicaid consumers in the Midwest Region to report it was easy to get appointments with specialists.
- HW19 general child respondents, HW21 general child respondents, HW overall general child respondents, HW19 CCC respondents, HW21 CCC respondents, and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests, and treatment.
- HW19 adults and general child respondents were more likely than their HCK counterparts to report doctors explained things clearly.
- HW19 CCC respondents and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed the pros and cons of treatment choices. HW19 CCC respondents were more likely than their HCK counterparts to report doctors discussed the pros and cons of treatment choices.
- HW19 CCC respondents and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- HW19 CCC respondents, HW21 CCC respondents and HW overall CCC respondents were more likely than Medicaid consumers in the Nation to report they got a non-urgent appointment as soon as needed. HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

Opportunities for Improvement

- HW21 CCC respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors seemed informed and up-to-date about care received from other providers.
- HW19 adults were less likely than HCK adults to report having a personal doctor.
- HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors advised them to quit, discussed smoking cessation medications, or discussed other smoking cessation strategies.
- HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region to report they got a non-urgent appointment as soon as needed.

RECOMMENDATIONS

1. All three plans/programs had too few responses to report the customer service composite for at least one population group. Consider using a two-year average, as is used for the smoking cessation measures, as a strategy for reporting this measure next year.
2. Request each MCO submit response rate information specific to each sample, including HW19 Adult, HW19 General Child, HW19 Supplemental CCC sample, HW21 General Child, and HW21 Supplemental CCC sample.
3. Ask each MCO to consider use of internal target satisfaction goals in addition to benchmark data for identification of opportunities for improvement.
4. Ask individual plans/programs to review comparison results specific to their plan/program to identify other potential improvements.
5. Require an MCO response to their vendor's CAHPS survey report findings as a deliverable for each plan in 2010.
6. Focus statewide improvement efforts on areas identified as Kansas HealthWave opportunities for improvement, including: doctors discussed what to do to prevent illness and smoking cessation.
7. Focus statewide improvement efforts on areas identified by two or more Kansas Medicaid/CHIP plans/programs as opportunities for improvement, including: satisfaction with personal doctor; how well doctors communicate; doctors listen carefully; doctors respect your comments; doctors explain things clearly; and doctors discuss the pros and cons of treatment choices.
8. Schedule a meeting that includes representatives from each Kansas Medicaid/CHIP plan/program to discuss the cross-plan/program comparison results. During this meeting, explore joint interventions to address the areas for improvement that apply all Kansas Medicaid/CHIP plans/programs.
9. Consider member education to address issues with understanding of information received from providers.
10. Encourage each plan to share results of the cross-plan/program comparisons with their providers.

End of Report.

Attachment A

Cross-Plan/Program Comparison Tables

Table 1

2009 CAHPS Cross-Plan/Program Comparison Report
 Adult Survey Response Rates
 Adult Survey

	Plan/Program		
	HCK	CMFHP	UniCare
Sample Frame Size	12,087	8,075	3,945
Sample Size	1,975	1,350	1,350
Ineligible	4	159	72
Complete and Valid Surveys	574	406	428
Adjusted Response Rate	29.1%	34.1%	33.5%

Table 2

2009 CAHPS Cross-Plan/Program Comparison Report
 Child Survey Response Rates

	Plan/Program				
	Medicaid			CHIP	
	HCK	CM19*	UC19	CM21*	UC21
Sample Frame Size	5,682	53,195	19,829	21,486	10,771
Sample Size	2,822	1,650	3,490	1,650	2,688
Ineligible	106	135	117	146	98
Complete and Valid Surveys	592	568	1,296	705	1,267
Adjusted Response Rate	21.8%	37.5%	38.4%	46.9%	48.9%

*CMFHP reported response rate data for only the general child sample. Details for the CCC supplemental mailing were not available.

Table 3

2009 CAHPS Cross-Plan/Program Comparison Report
Adult Survey Demographics

	Kansas Medicaid Plan/Program			Medicaid Benchmark	US Federal Statistics**		
	HCK	CMFHP	UniCare	NCBD National (2009)	Kansas (2000)	Kansas (2007)	US (2000)
Respondent Health Status							
Very Good/Excellent	15%	42%	41%	33%	58%	58%	56%
Good	23%	36%	32%	32%	29%	29%	29%
Fair/Poor	62%	22%	27%	35%	12%	13%	14%
Respondent Service Utilization							
2 or Fewer Visits	46%	52%	47%	55%	NA		
3 or More Visits	54%	48%	53%	45%			
Respondent Education Level							
Less than High School Graduate	36%	23%	26%	29%	14%	16%	20%
High School Graduate/Some College	60%	72%	73%	64%	54%	50%	50%
College Graduate or More	4%	6%	2%	6%	32%	34%	31%
Respondent Race*							
White	77%	74%	66%	64%	88%	89%	77%
Black	15%	21%	25%	21%	6%	6%	13%
American/Alaskan Native	6%	6%	6%	1%	2%	1%	2%
Other	8%	8%	14%	14%	6%	4%	11%
Respondent Ethnicity							
Hispanic	7%	10%	12%	14%	7%	9%	13%
Non-Hispanic	93%	90%	88%	86%	93%	91%	88%

NA=Not Available

*Multiple responses for race were allowed, so total may add up to more than 100%.

**Sources include US Census State and County Quick Facts, Kansas BRFS, and the Kansas Data Consortium: Kansas Health Indicators Report.

Table 4

2009 CAHPS Cross-Plan/Program Comparison Report
Child Survey Demographics

	Kansas Medicaid Plan/Program						Medicaid Benchmark	US Federal Statistics**		
	HCK		CM19		UC19		NCBD National (2009)	Kansas (2000)	Kansas (2007)	US (2000)
	General Child	CCC	General Child	CCC	General Child	CCC				
Respondent's Education Level										
Less than High School Graduate	44%	27%	18%	17%	28%	22%	20%	14%	16%	20%
High School Graduate/Some College	51%	65%	73%	75%	73%	79%	70%	54%	50%	50%
College Graduate or More	6%	8%	9%	9%	6%	7%	10%	32%	34%	31%
Child's Health Status										
Very Good/Excellent	82%	66%	79%	59%	79%	52%	73%	NA		
Good	NA	NA	19%	30%	17%	35%	21%			
Fair/Poor	18%	34%	2%	11%	5%	13%	6%			
Child's Service Utilization										
2 or Fewer Visits	65%	54%	67%	48%	64%	48%	66%	NA		
3 or More Visits	35%	46%	33%	52%	36%	53%	34%			
Child's Race*										
White	68%	75%	76%	80%	67%	75%	54%	88%	89%	77%
Black	11%	19%	20%	19%	18%	22%	21%	6%	6%	13%
American/Alaskan Native	5%	7%	4%	6%	4%	7%	1%	2%	1%	2%
Other	24%	10%	12%	11%	25%	16%	24%	6%	4%	11%
Child's Ethnicity										
Hispanic	41%	22%	18%	15%	35%	19%	24%	7%	9%	13%
Non-Hispanic	59%	78%	82%	85%	65%	81%	76%	93%	91%	88%

NA=Not Available

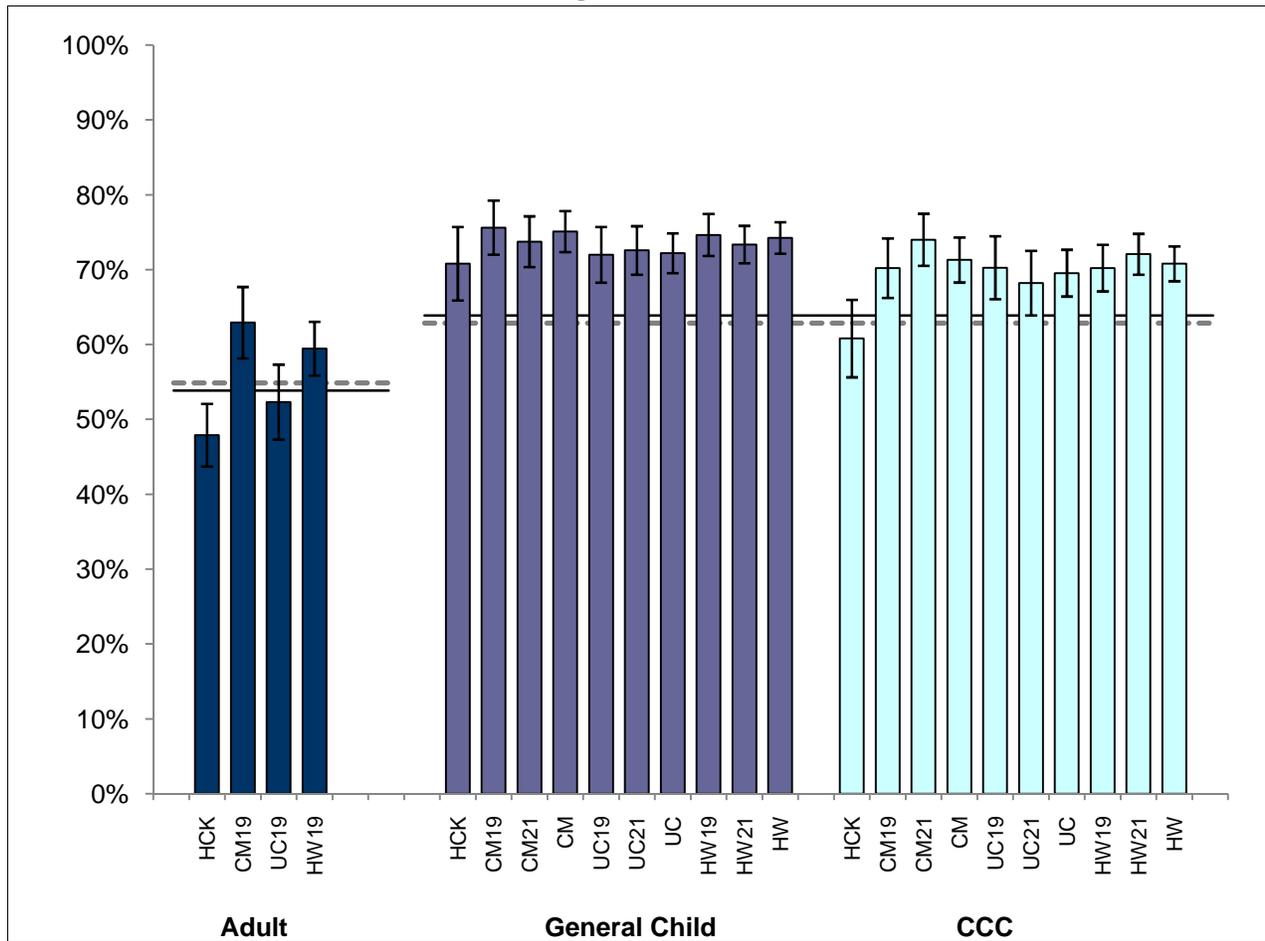
*Multiple responses for race were allowed, so total may add up to more than 100%. Respondent race "Other" includes Asian, Hawaiian Native/Pacific Islander, and Other.

**Sources include US Census State and County Quick Facts, Kansas BRFSS, and the Kansas Data Consortium: Kansas Health Indicators Report.

Table 5

2009 CAHPS Cross-Plan/Program Comparison

Rating of Health Plan

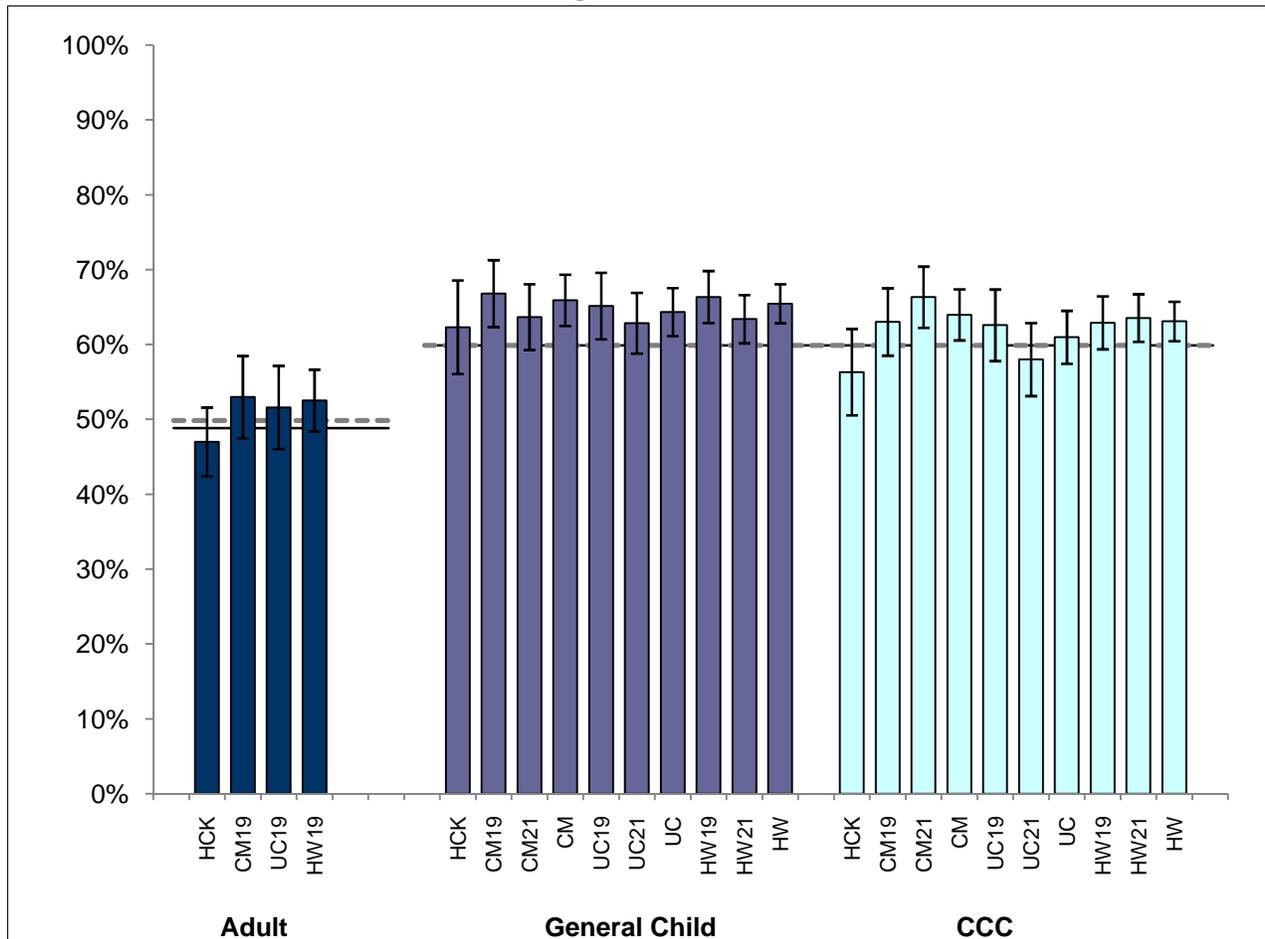


Survey Populations			Adult		General Child		CCC	
			% Rated 9 or 10	Total Responses	% Rated 9 or 10	Total Responses	% Rated 9 or 10	Total Responses
Plans/Programs	HCK	HealthConnect KS	48%	549	71%	329	61%	342
	CM19	CMFHP HW19	63%	394	76%	546	70%	507
	CM21	CMFHP HW21	NA	NA	74%	648	74%	612
	UC19	UniCare HW19	52%	384	72%	561	70%	451
	UC21	UniCare HW21	NA	NA	73%	726	68%	447
Combinations	CM	CM19 + CM21	NA	NA	75%	*	71%	*
	UC	UC19 + UC21	NA	NA	72%	*	70%	*
	HW19	CM19 + UC19	59%	*	75%	*	70%	*
	HW21	CM21 + UC21	NA	NA	73%	*	72%	*
	HW	HW19 + HW21	NA	NA	74%	*	71%	*
Benchmarks	— National NCBD - - - Regional NCBD		54%	58,800	64%	65,310	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			55%	28,286	63%	26,063		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 6

2009 CAHPS Cross-Plan/Program Comparison

Rating of Healthcare

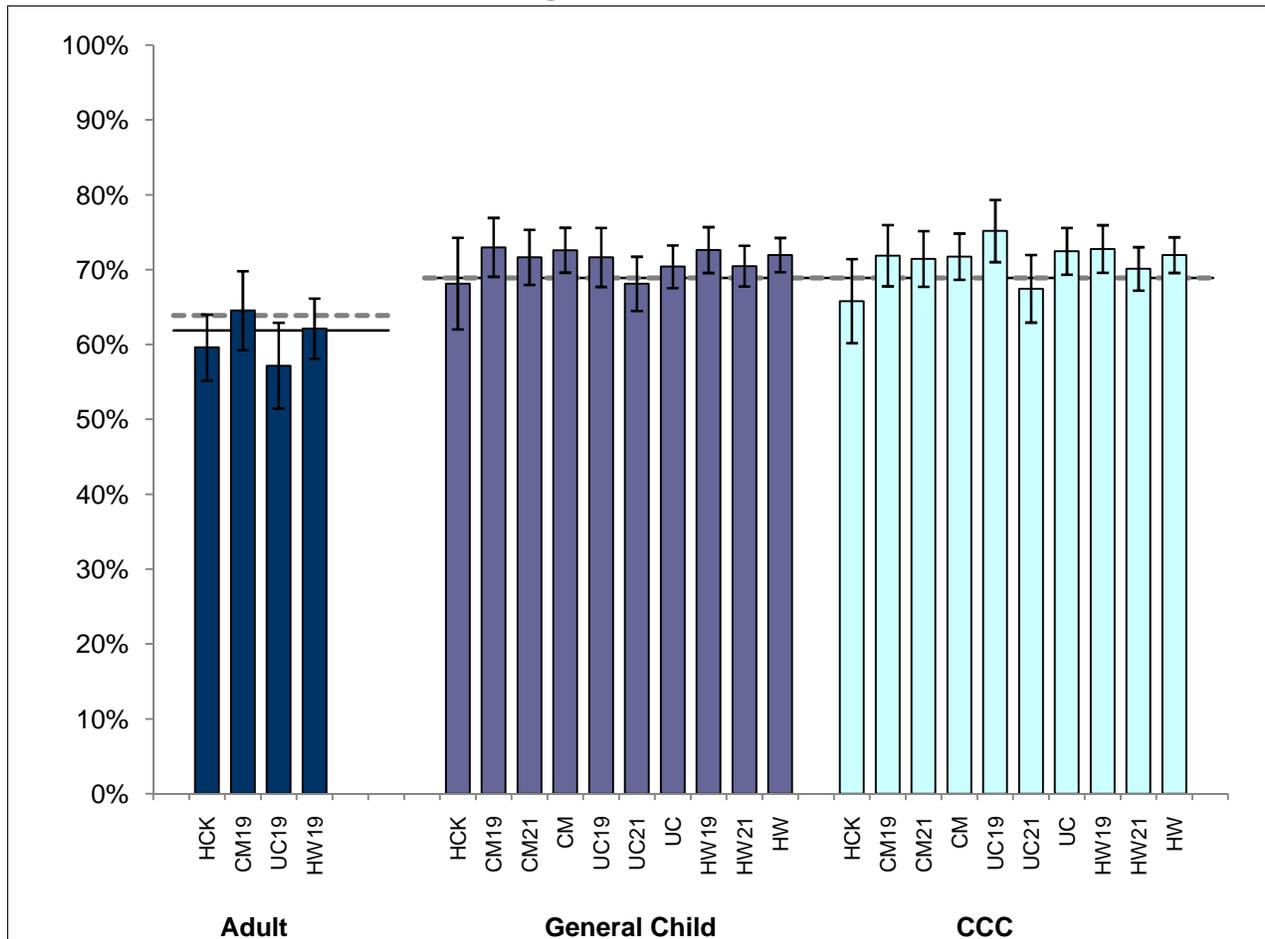


Survey Populations			Adult		General Child		CCC	
			% Rated 9 or 10	Total Responses	% Rated 9 or 10	Total Responses	% Rated 9 or 10	Total Responses
Plans/Programs	HCK	HealthConnect KS	47%	451	62%	231	56%	284
	CM19	CMFHP HW19	53%	317	67%	428	63%	441
	CM21	CMFHP HW21	NA	NA	64%	460	66%	511
	UC19	UniCare HW19	52%	310	65%	442	63%	393
	UC21	UniCare HW21	NA	NA	63%	544	58%	393
Combinations	CM	CM19 + CM21	NA	NA	66%	*	64%	*
	UC	UC19 + UC21	NA	NA	64%	*	61%	*
	HW19	CM19 + UC19	53%	*	66%	*	63%	*
	HW21	CM21 + UC21	NA	NA	63%	*	64%	*
	HW	HW19 + HW21	NA	NA	65%	*	63%	*
Benchmarks	— National NCBD - - - Regional NCBD		49%	46,760	60%	50,810	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			50%	22,636	60%	20,677		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 7

2009 CAHPS Cross-Plan/Program Comparison

Rating of Personal Doctor

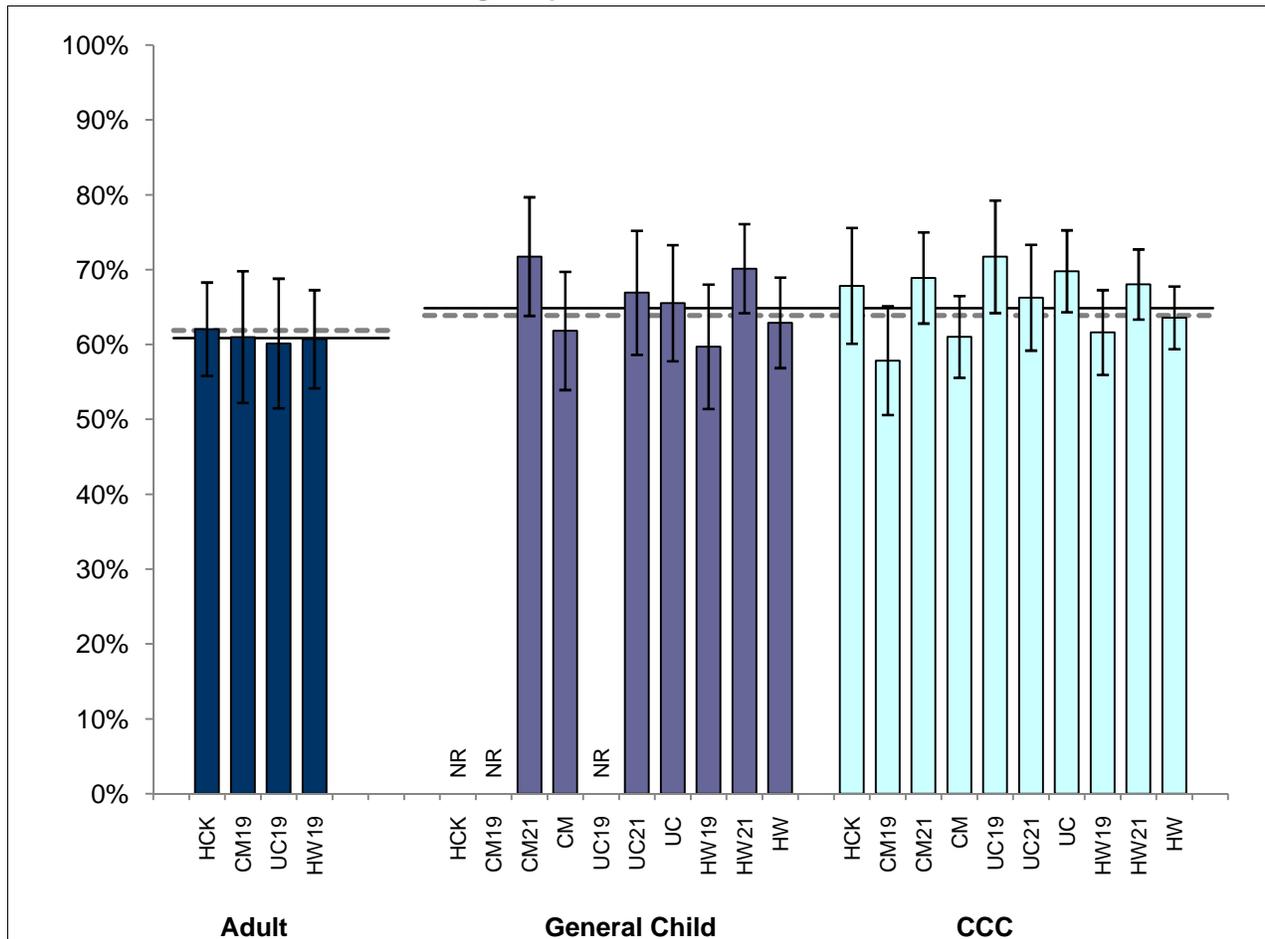


Survey Populations			Adult		General Child		CCC	
			% Rated 9 or 10	Total Responses	% Rated 9 or 10	Total Responses	% Rated 9 or 10	Total Responses
Plans/Programs	HCK	HealthConnect KS	60%	478	68%	223	66%	275
	CM19	CMFHP HW19	65%	316	73%	489	72%	466
	CM21	CMFHP HW21	NA	NA	72%	579	71%	564
	UC19	UniCare HW19	57%	285	72%	501	75%	415
	UC21	UniCare HW21	NA	NA	68%	637	67%	412
Combinations	CM	CM19 + CM21	NA	NA	73%	*	72%	*
	UC	UC19 + UC21	NA	NA	70%	*	72%	*
	HW19	CM19 + UC19	62%	*	73%	*	73%	*
	HW21	CM21 + UC21	NA	NA	70%	*	70%	*
	HW	HW19 + HW21	NA	NA	72%	*	72%	*
Benchmarks	— National NCBD - - - Regional NCBD		62%	49,182	69%	58,426	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			64%	23,766	69%	23,535		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 8

2009 CAHPS Cross-Plan/Program Comparison

Rating of Specialist Seen Most Often

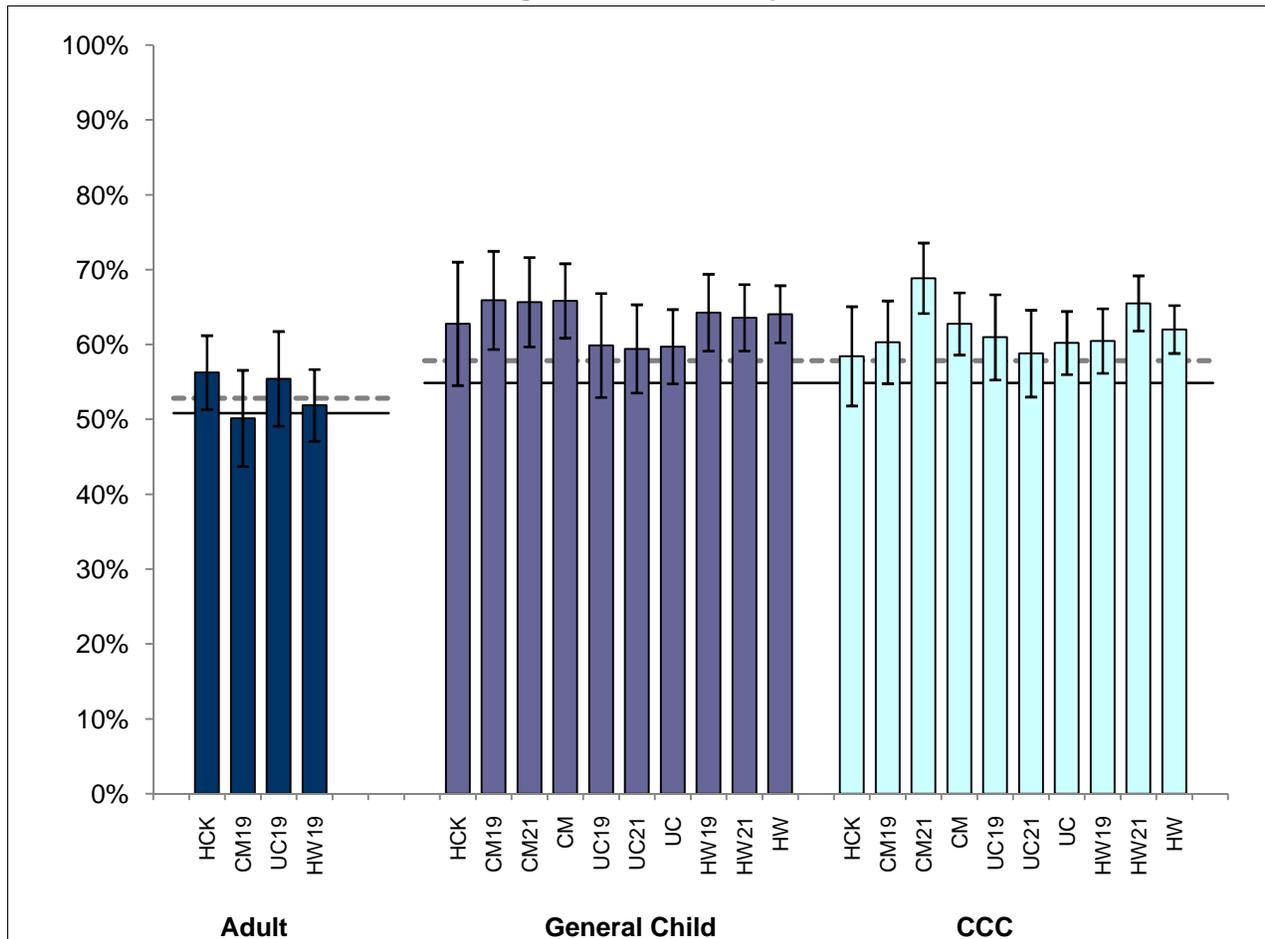


Survey Populations			Adult		General Child		CCC	
			% Rated 9 or 10	Total Responses	% Rated 9 or 10	Total Responses	% Rated 9 or 10	Total Responses
Plans/Programs	HCK	HealthConnect KS	62%	232	NR	66	68%	140
	CM19	CMFHP HW19	61%	118	NR	83	58%	178
	CM21	CMFHP HW21	NA	NA	72%	124	69%	222
	UC19	UniCare HW19	60%	123	NR	71	72%	138
	UC21	UniCare HW21	NA	NA	67%	124	66%	172
Combinations	CM	CM19 + CM21	NA	NA	62%	*	61%	*
	UC	UC19 + UC21	NA	NA	66%	*	70%	*
	HW19	CM19 + UC19	61%	*	60%	*	62%	*
	HW21	CM21 + UC21	NA	NA	70%	*	68%	*
	HW	HW19 + HW21	NA	NA	63%	*	64%	*
Benchmarks	— National NCBD - - - Regional NCBD		61%	22,237	65%	13,982	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			62%	10,662	64%	5,676		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 9

2009 CAHPS Cross-Plan/Program Comparison

Getting Needed Care Composite

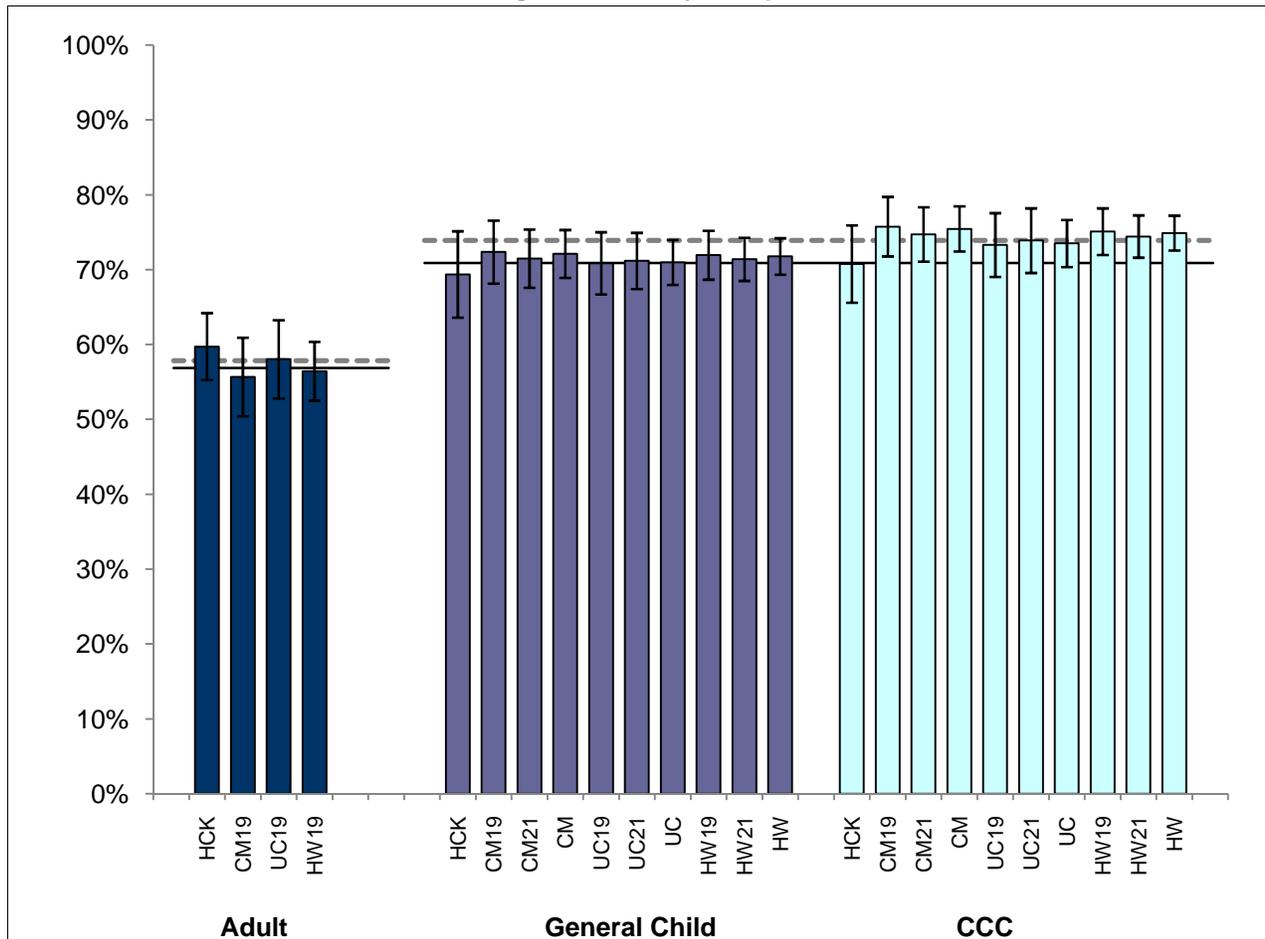


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	56%	387	63%	132	58%	212
	CM19	CMFHP HW19	50%	233	66%	201	60%	301
	CM21	CMFHP HW21	NA	NA	66%	243	69%	373
	UC19	UniCare HW19	55%	237	60%	191	61%	282
	UC21	UniCare HW21	NA	NA	59%	266	59%	276
Combinations	CM	CM19 + CM21	NA	NA	66%	*	63%	*
	UC	UC19 + UC21	NA	NA	60%	*	60%	*
	HW19	CM19 + UC19	52%	*	64%	*	60%	*
	HW21	CM21 + UC21	NA	NA	64%	*	66%	*
	HW	HW19 + HW21	NA	NA	64%	*	62%	*
Benchmarks	— National NCBD - - - Regional NCBD		51%	37,953	55%	28,687	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			53%	18,464	58%	11,650		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 10

2009 CAHPS Cross-Plan/Program Comparison

Getting Care Quickly Composite

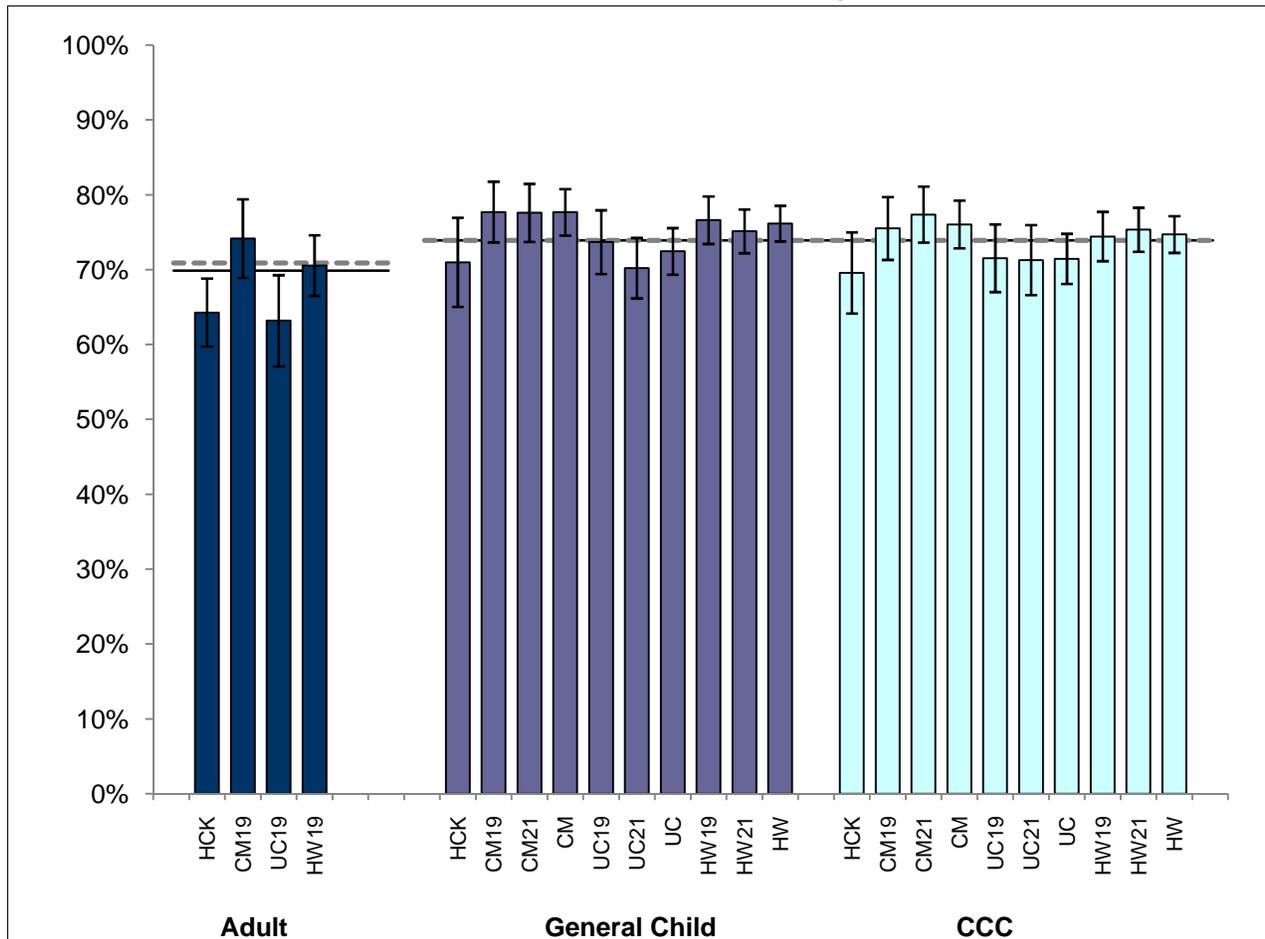


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	60%	461	69%	245	71%	297
	CM19	CMFHP HW19	56%	345	72%	434	76%	447
	CM21	CMFHP HW21	NA	NA	71%	518	75%	547
	UC19	UniCare HW19	58%	342	71%	460	73%	414
	UC21	UniCare HW21	NA	NA	71%	561	74%	398
Combinations	CM	CM19 + CM21	NA	NA	72%	*	75%	*
	UC	UC19 + UC21	NA	NA	71%	*	74%	*
	HW19	CM19 + UC19	56%	*	72%	*	75%	*
	HW21	CM21 + UC21	NA	NA	71%	*	74%	*
	HW	HW19 + HW21	NA	NA	72%	*	75%	*
Benchmarks	— National NCBD - - - Regional NCBD		57%	49,258	71%	51,937	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			58%	24,259	74%	21,357		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 11

2009 CAHPS Cross-Plan/Program Comparison

How Well Doctors Communicate Composite

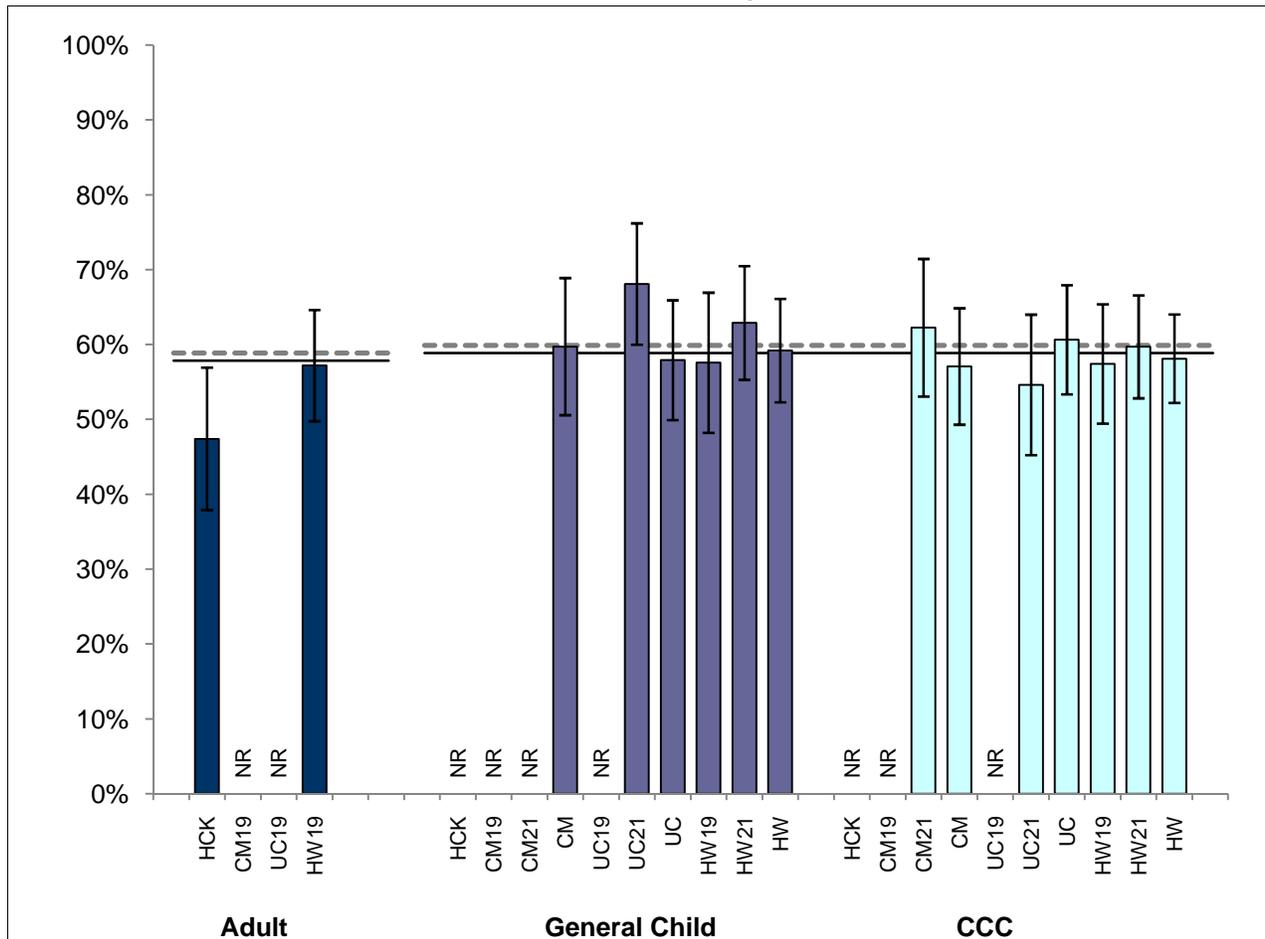


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	64%	426	71%	224	70%	277
	CM19	CMFHP HW19	74%	268	78%	403	76%	402
	CM21	CMFHP HW21	NA	NA	78%	442	77%	481
	UC19	UniCare HW19	63%	241	74%	409	72%	385
	UC21	UniCare HW21	NA	NA	70%	492	71%	358
Combinations	CM	CM19 + CM21	NA	NA	78%	*	76%	*
	UC	UC19 + UC21	NA	NA	72%	*	71%	*
	HW19	CM19 + UC19	71%	*	77%	*	74%	*
	HW21	CM21 + UC21	NA	NA	75%	*	75%	*
	HW	HW19 + HW21	NA	NA	76%	*	75%	*
Benchmarks	National NCBD		70%	41,820	74%	48,158	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		71%	20,236	74%	19,316		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 12

2009 CAHPS Cross-Plan/Program Comparison

Customer Service Composite

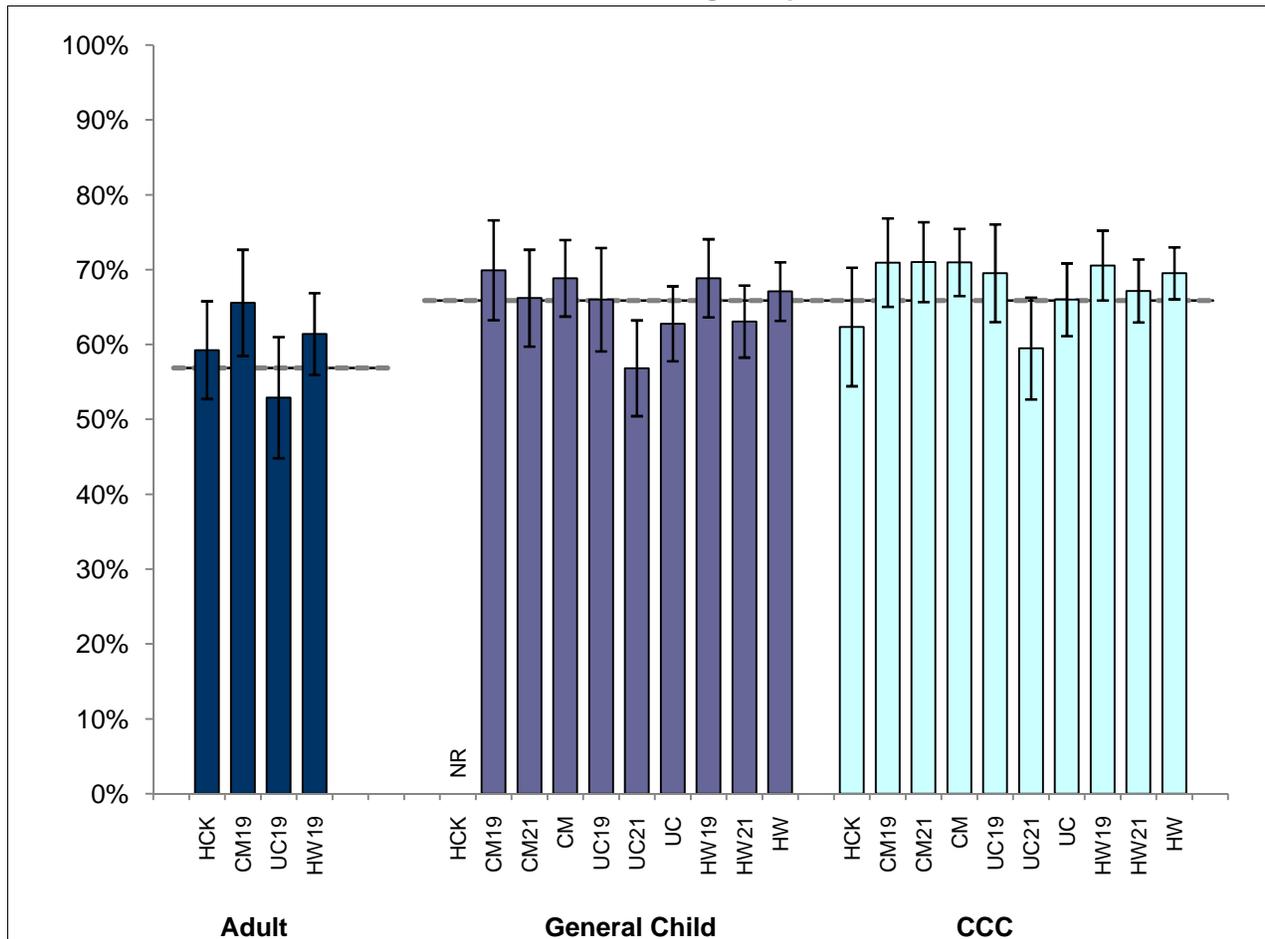


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	47%	106	NR	32	NR	53
	CM19	CMFHP HW19	NR	97	NR	63	NR	90
	CM21	CMFHP HW21	NA	NA	NR	81	62%	107
	UC19	UniCare HW19	NR	90	NR	72	NR	88
	UC21	UniCare HW21	NA	NA	68%	127	55%	108
Combinations	CM	CM19 + CM21	NA	NA	60%	*	57%	*
	UC	UC19 + UC21	NA	NA	58%	*	61%	*
	HW19	CM19 + UC19	57%	*	58%	*	57%	*
	HW21	CM21 + UC21	NA	NA	63%	*	60%	*
	HW	HW19 + HW21	NA	NA	59%	*	58%	*
Benchmarks	National NCBD		58%	16,788	59%	12,982	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		59%	7,645	60%	4,441		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 13

2009 CAHPS Cross-Plan/Program Comparison

Shared Decision Making Composite

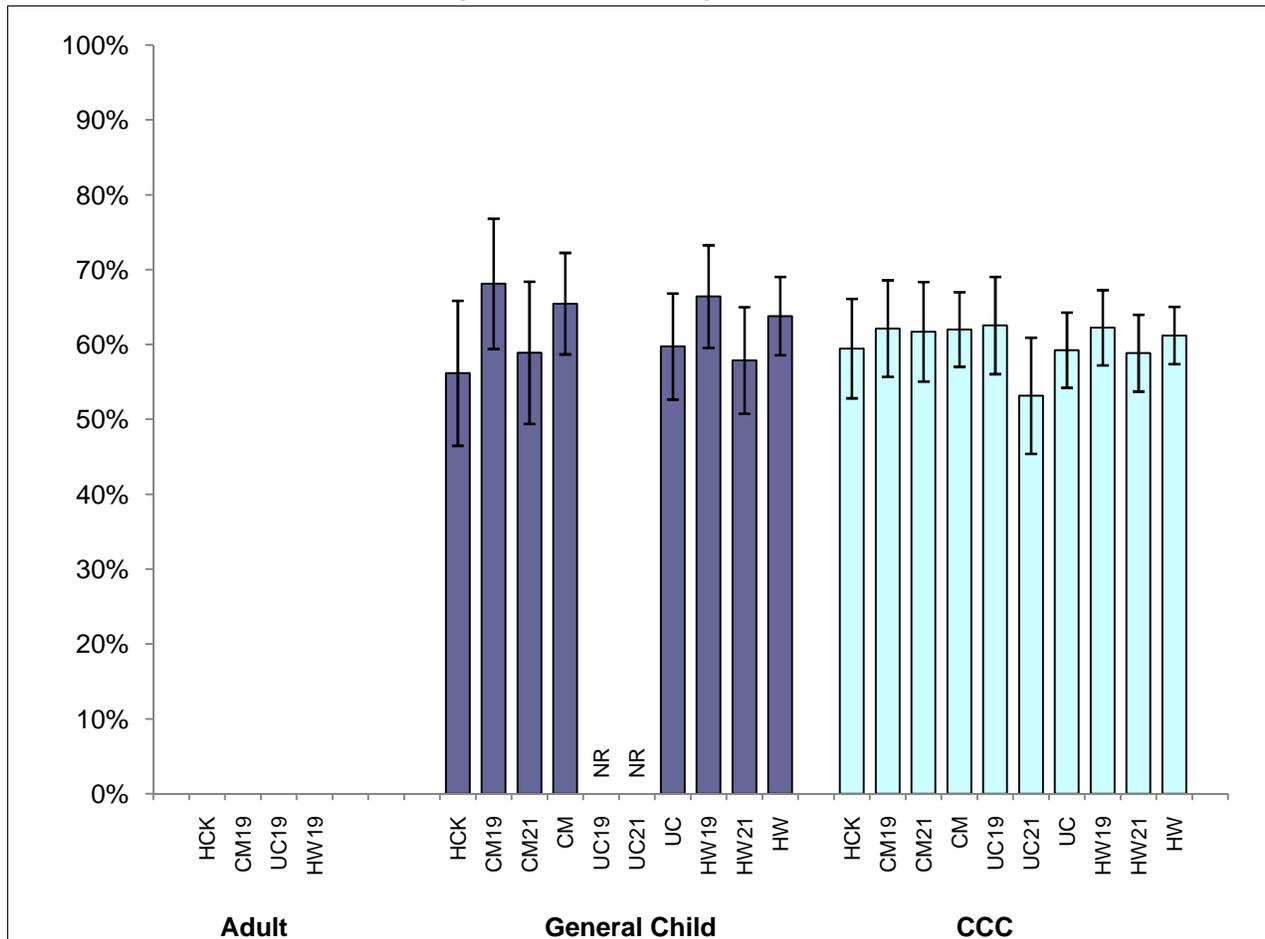


Survey Populations			Adult		General Child		CCC	
			% Def. Yes	Total Responses	% Def. Yes	Total Responses	% Def. Yes	Total Responses
Plans/Programs	HCK	HealthConnect KS	59%	218	NR	97	62%	144
	CM19	CMFHP HW19	66%	172	70%	181	71%	226
	CM21	CMFHP HW21	NA	NA	66%	205	71%	278
	UC19	UniCare HW19	53%	146	66%	181	70%	191
	UC21	UniCare HW21	NA	NA	57%	230	60%	200
Combinations	CM	CM19 + CM21	NA	NA	69%	*	71%	*
	UC	UC19 + UC21	NA	NA	63%	*	66%	*
	HW19	CM19 + UC19	61%	*	69%	*	71%	*
	HW21	CM21 + UC21	NA	NA	63%	*	67%	*
	HW	HW19 + HW21	NA	NA	67%	*	70%	*
Benchmarks	— National NCBD - - - Regional NCBD		57%	NA	66%	NA	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			57%	NA	66%	NA		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 14

2009 CAHPS Cross-Plan/Program Comparison

CCC Composite: Access to Specialized Services

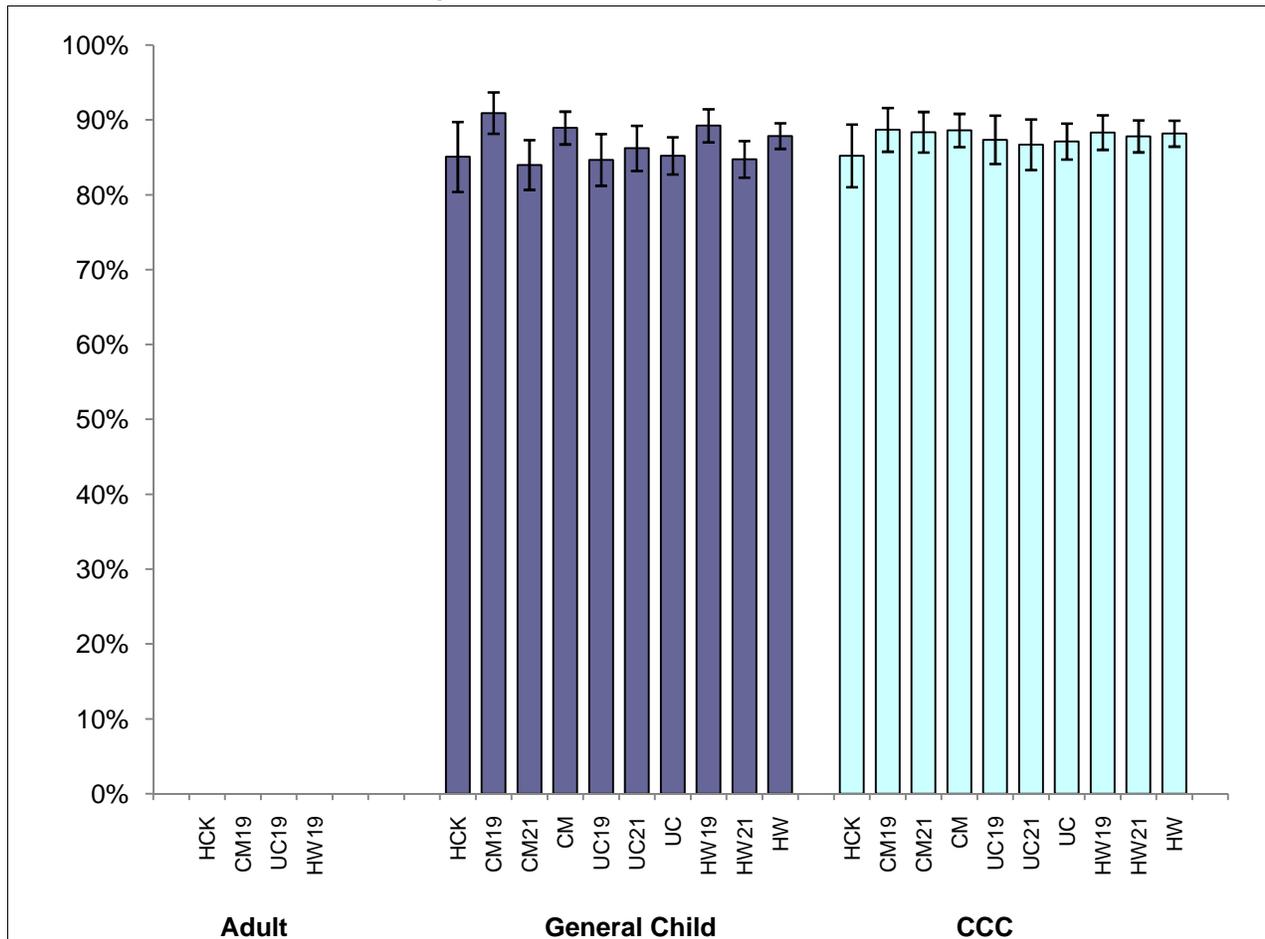


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	NA	NA	56%	101	59%	210
	CM19	CMFHP HW19	NA	NA	68%	110	62%	217
	CM21	CMFHP HW21	NA	NA	59%	103	62%	205
	UC19	UniCare HW19	NA	NA	NR	99	63%	213
	UC21	UniCare HW21	NA	NA	NR	99	53%	159
Combinations	CM	CM19 + CM21	NA	NA	65%	*	62%	*
	UC	UC19 + UC21	NA	NA	60%	*	59%	*
	HW19	CM19 + UC19	NA	NA	66%	*	62%	*
	HW21	CM21 + UC21	NA	NA	58%	*	59%	*
	HW	HW19 + HW21	NA	NA	64%	*	61%	*
Benchmarks	— National NCBD - - - Regional NCBD		NA	NA	NA	NA	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			NA	NA	NA	NA		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 15

2019 CAHPS Cross-Plan/Program Comparison

CCC Composite: Personal Doctor Who Knows Child

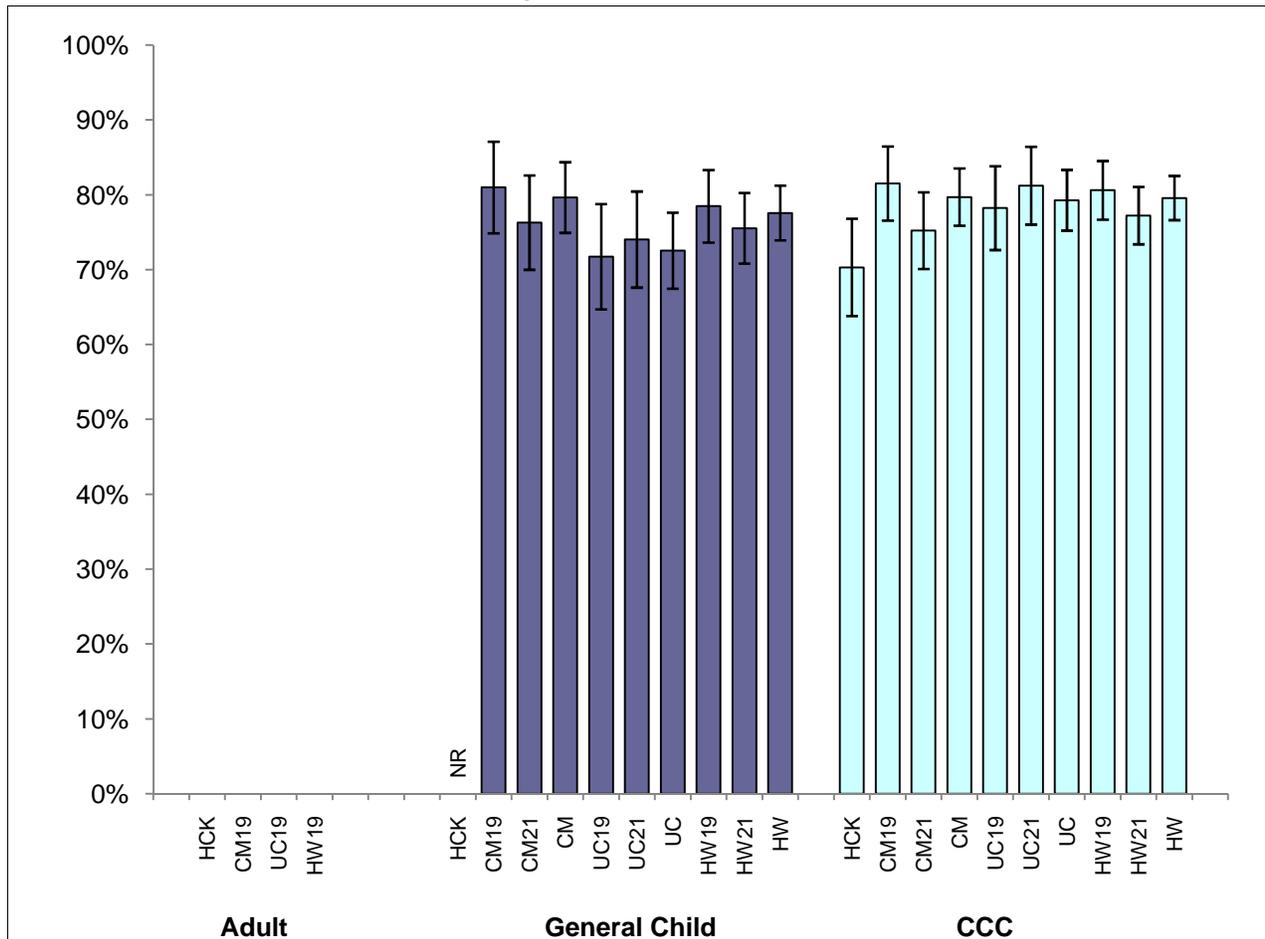


Survey Populations			Adult		General Child		CCC	
			%Yes	Total Responses	%Yes	Total Responses	%Yes	Total Responses
Plans/Programs	HCK	HealthConnect KS	NA	NA	85%	223	85%	277
	CM19	CMFHP HW19	NA	NA	91%	415	89%	449
	CM21	CMFHP HW21	NA	NA	84%	465	88%	535
	UC19	UniCare HW19	NA	NA	85%	416	87%	405
	UC21	UniCare HW21	NA	NA	86%	503	87%	387
Combinations	CM	CM19 + CM21	NA	NA	89%	*	89%	*
	UC	UC19 + UC21	NA	NA	85%	*	87%	*
	HW19	CM19 + UC19	NA	NA	89%	*	88%	*
	HW21	CM21 + UC21	NA	NA	85%	*	88%	*
	HW	HW19 + HW21	NA	NA	88%	*	88%	*
Benchmarks	— National NCBD - - - Regional NCBD		NA	NA	NA	NA	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			NA	NA	NA	NA		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 16

2009 CAHPS Cross-Plan/Program Comparison

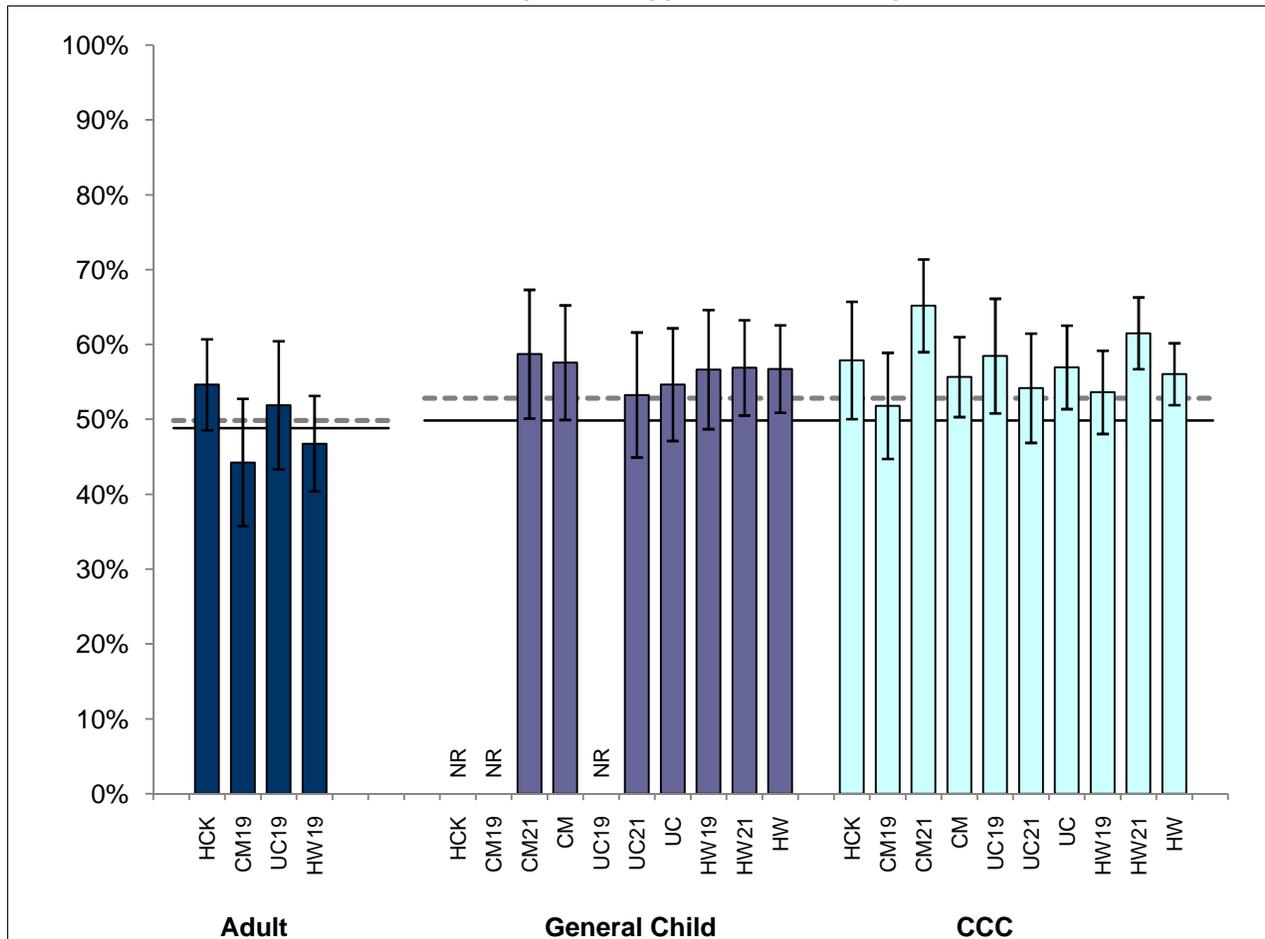
CCC Composite: Coordination of Care



Survey Populations			Adult		General Child		CCC	
			%Yes	Total Responses	%Yes	Total Responses	%Yes	Total Responses
Plans/Programs	HCK	HealthConnect KS	NA	NA	NR	90	70%	190
	CM19	CMFHP HW19	NA	NA	81%	158	82%	236
	CM21	CMFHP HW21	NA	NA	76%	175	75%	273
	UC19	UniCare HW19	NA	NA	72%	157	78%	209
	UC21	UniCare HW21	NA	NA	74%	179	81%	217
Combinations	CM	CM19 + CM21	NA	NA	80%	*	80%	*
	UC	UC19 + UC21	NA	NA	73%	*	79%	*
	HW19	CM19 + UC19	NA	NA	78%	*	81%	*
	HW21	CM21 + UC21	NA	NA	76%	*	77%	*
	HW	HW19 + HW21	NA	NA	78%	*	80%	*
Benchmarks	— National NCBD - - - Regional NCBD		NA	NA	NA	NA	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			NA	NA	NA	NA		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 17

2009 CAHPS Cross-Plan/Program Comparison
Access to Care: Easy to Get Appointments with Specialists

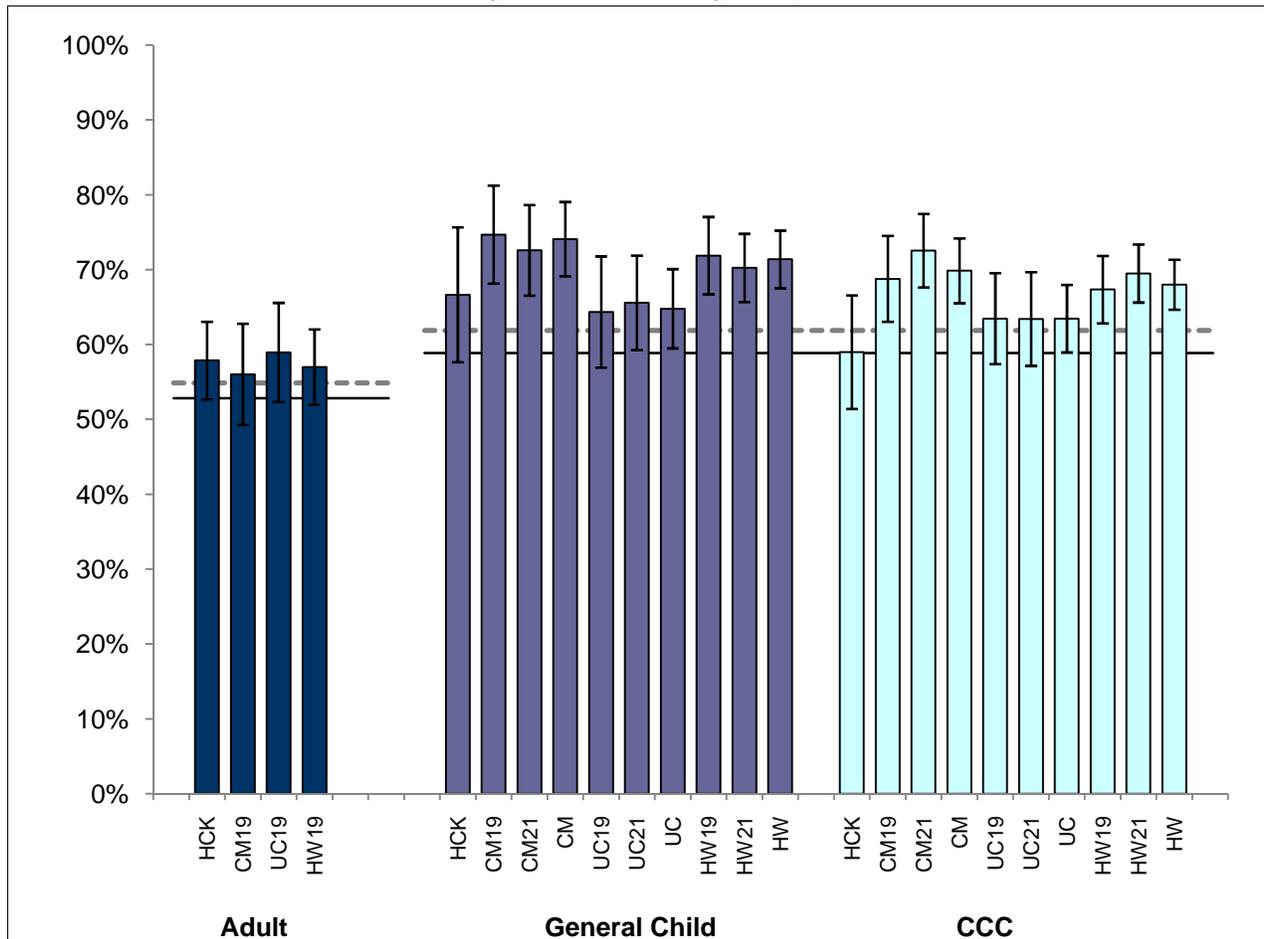


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	55%	258	NR	73	58%	152
	CM19	CMFHP HW19	44%	131	NR	91	52%	191
	CM21	CMFHP HW21	NA	NA	59%	126	65%	227
	UC19	UniCare HW19	52%	131	NR	83	58%	159
	UC21	UniCare HW21	NA	NA	53%	137	54%	179
Combinations	CM	CM19 + CM21	NA	NA	58%	*	56%	*
	UC	UC19 + UC21	NA	NA	55%	*	57%	*
	HW19	CM19 + UC19	47%	*	57%	*	54%	*
	HW21	CM21 + UC21	NA	NA	57%	*	62%	*
	HW	HW19 + HW21	NA	NA	57%	*	56%	*
Benchmarks	— National NCBD - - - Regional NCBD		49%	24,661	50%	15,834	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			50%	11,750	53%	6,305		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 18

2009 CAHPS Cross-Plan/Program Comparison

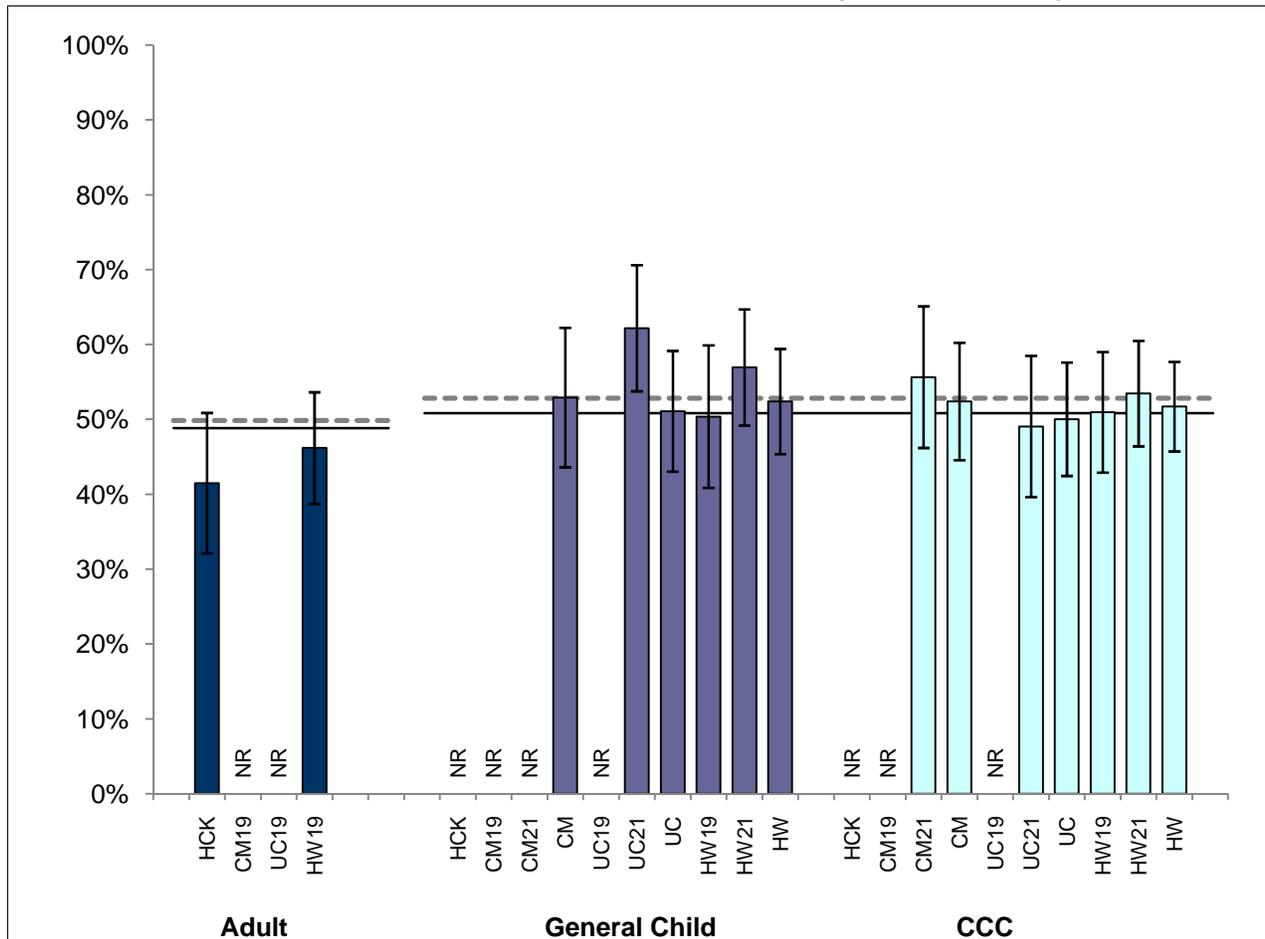
Access to Care: Easy to Get Necessary Care, Tests or Treatment



Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	58%	349	67%	105	59%	161
	CM19	CMFHP HW19	56%	207	75%	170	69%	250
	CM21	CMFHP HW21	NA	NA	73%	208	73%	317
	UC19	UniCare HW19	59%	212	64%	160	63%	241
	UC21	UniCare HW21	NA	NA	66%	218	63%	227
Combinations	CM	CM19 + CM21	NA	NA	74%	*	70%	*
	UC	UC19 + UC21	NA	NA	65%	*	63%	*
	HW19	CM19 + UC19	57%	*	72%	*	67%	*
	HW21	CM21 + UC21	NA	NA	70%	*	70%	*
	HW	HW19 + HW21	NA	NA	71%	*	68%	*
Benchmarks	— National NCBD - - - Regional NCBD		53%	32,472	59%	23,419	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			55%	15,976	62%	9,720		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 19

2009 CAHPS Cross-Plan/Program Comparison
Access to Care: Customer Service Gave Necessary Information/Help

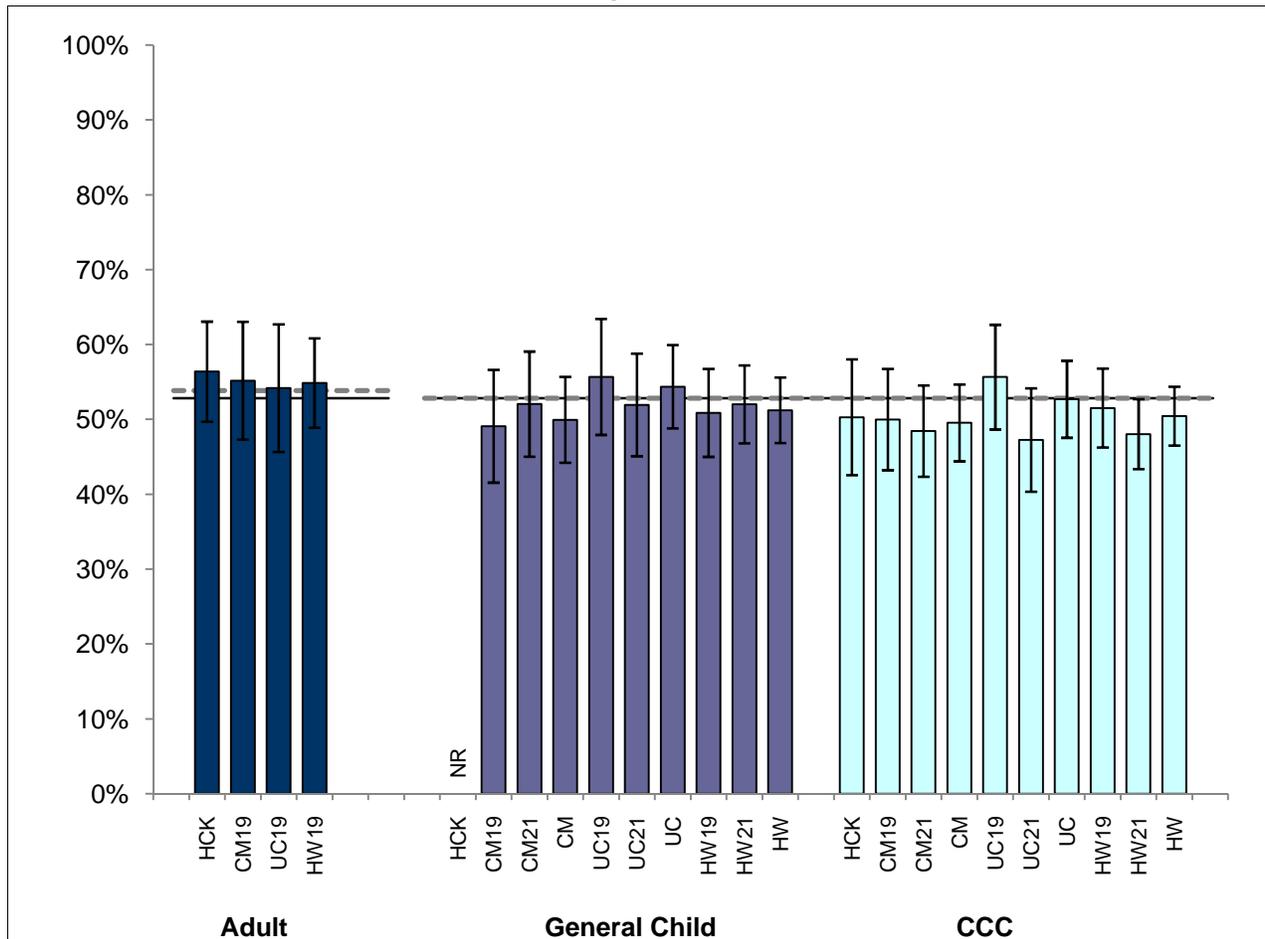


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	42%	106	NR	32	NR	53
	CM19	CMFHP HW19	NR	97	NR	63	NR	90
	CM21	CMFHP HW21	NA	NA	NR	81	56%	106
	UC19	UniCare HW19	NR	90	NR	71	NR	87
	UC21	UniCare HW21	NA	NA	62%	127	49%	108
Combinations	CM	CM19 + CM21	NA	NA	53%	*	52%	*
	UC	UC19 + UC21	NA	NA	51%	*	50%	*
	HW19	CM19 + UC19	46%	*	50%	*	51%	*
	HW21	CM21 + UC21	NA	NA	57%	*	53%	*
	HW	HW19 + HW21	NA	NA	52%	*	52%	*
Benchmarks	— National NCBD - - - Regional NCBD		49%	16,629	51%	12,881	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			50%	7,592	53%	4,414		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 20

2009 CAHPS Cross-Plan/Program Comparison

Access to Care: Doctor Seemed Informed and Up-to-Date About Care Received from Other Providers

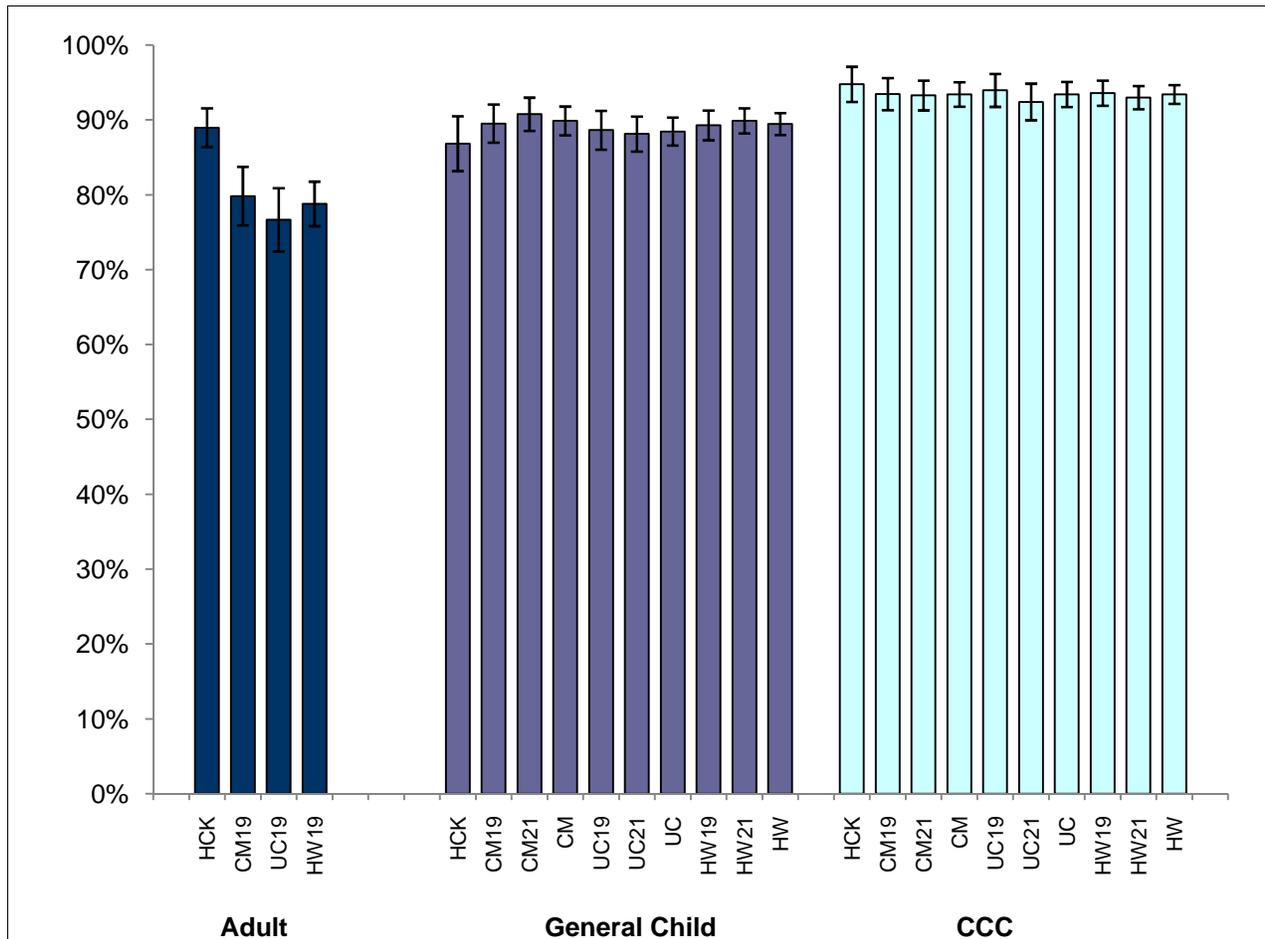


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	56%	211	NR	99	50%	161
	CM19	CMFHP HW19	55%	154	49%	169	50%	210
	CM21	CMFHP HW21	NA	NA	52%	194	48%	258
	UC19	UniCare HW19	54%	131	56%	158	56%	194
	UC21	UniCare HW21	NA	NA	52%	204	47%	201
Combinations	CM	CM19 + CM21	NA	NA	50%	*	50%	*
	UC	UC19 + UC21	NA	NA	54%	*	53%	*
	HW19	CM19 + UC19	55%	*	51%	*	52%	*
	HW21	CM21 + UC21	NA	NA	52%	*	48%	*
	HW	HW19 + HW21	NA	NA	51%	*	50%	*
Benchmarks	National NCBD		53%	23,111	53%	19,019	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		54%	11,679	53%	8,381		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 21

2009 CAHPS Cross-Plan/Program Comparison

Access to Care: Has a Personal Doctor

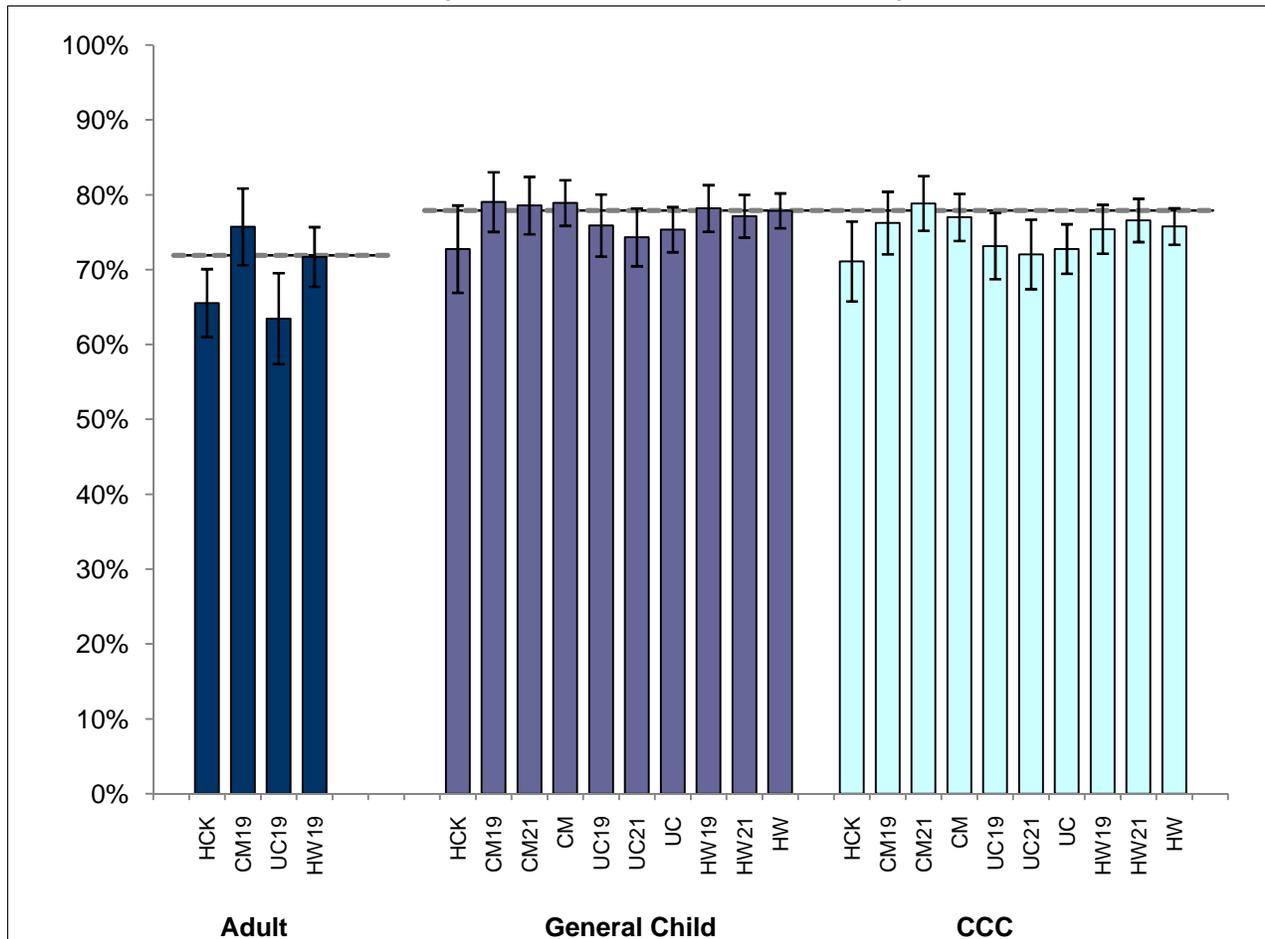


Survey Populations			Adult		General Child		CCC	
			%Yes	Total Responses	%Yes	Total Responses	%Yes	Total Responses
Plans/Programs	HCK	HealthConnect KS	89%	563	87%	327	95%	345
	CM19	CMFHP HW19	80%	402	90%	554	93%	506
	CM21	CMFHP HW21	NA	NA	91%	651	93%	611
	UC19	UniCare HW19	77%	386	89%	573	94%	448
	UC21	UniCare HW21	NA	NA	88%	734	92%	449
Combinations	CM	CM19 + CM21	NA	NA	90%	*	93%	*
	UC	UC19 + UC21	NA	NA	88%	*	93%	*
	HW19	CM19 + UC19	79%	*	89%	*	94%	*
	HW21	CM21 + UC21	NA	NA	90%	*	93%	*
	HW	HW19 + HW21	NA	NA	89%	*	93%	*
Benchmarks	— National NCBD - - - Regional NCBD		NA	NA	NA	NA	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			NA	NA	NA	NA		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 22

2009 CAHPS Cross-Plan/Program Comparison

Quality of Care: Doctors Listened Carefully

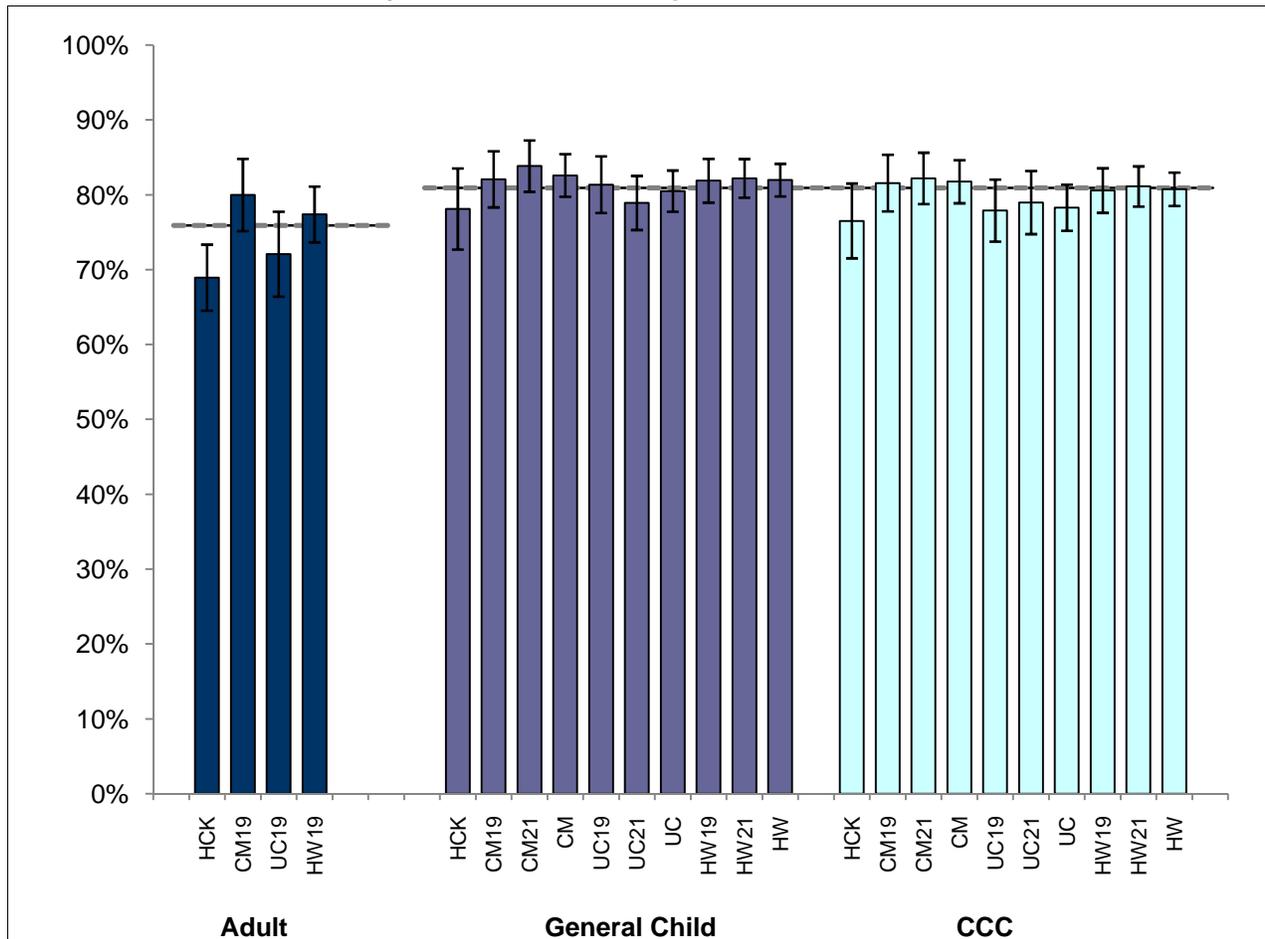


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	66%	424	73%	224	71%	277
	CM19	CMFHP HW19	76%	268	79%	401	76%	400
	CM21	CMFHP HW21	NA	NA	79%	439	79%	478
	UC19	UniCare HW19	63%	241	76%	407	73%	384
	UC21	UniCare HW21	NA	NA	74%	491	72%	358
Combinations	CM	CM19 + CM21	NA	NA	79%	*	77%	*
	UC	UC19 + UC21	NA	NA	75%	*	73%	*
	HW19	CM19 + UC19	72%	*	78%	*	75%	*
	HW21	CM21 + UC21	NA	NA	77%	*	77%	*
	HW	HW19 + HW21	NA	NA	78%	*	76%	*
Benchmarks	— National NCBD - - - Regional NCBD		72%	41,567	78%	47,923	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			72%	20,141	78%	19,210		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 23

2009 CAHPS Cross-Plan/Program Comparison

Quality of Care: Doctors Respected Your Comments

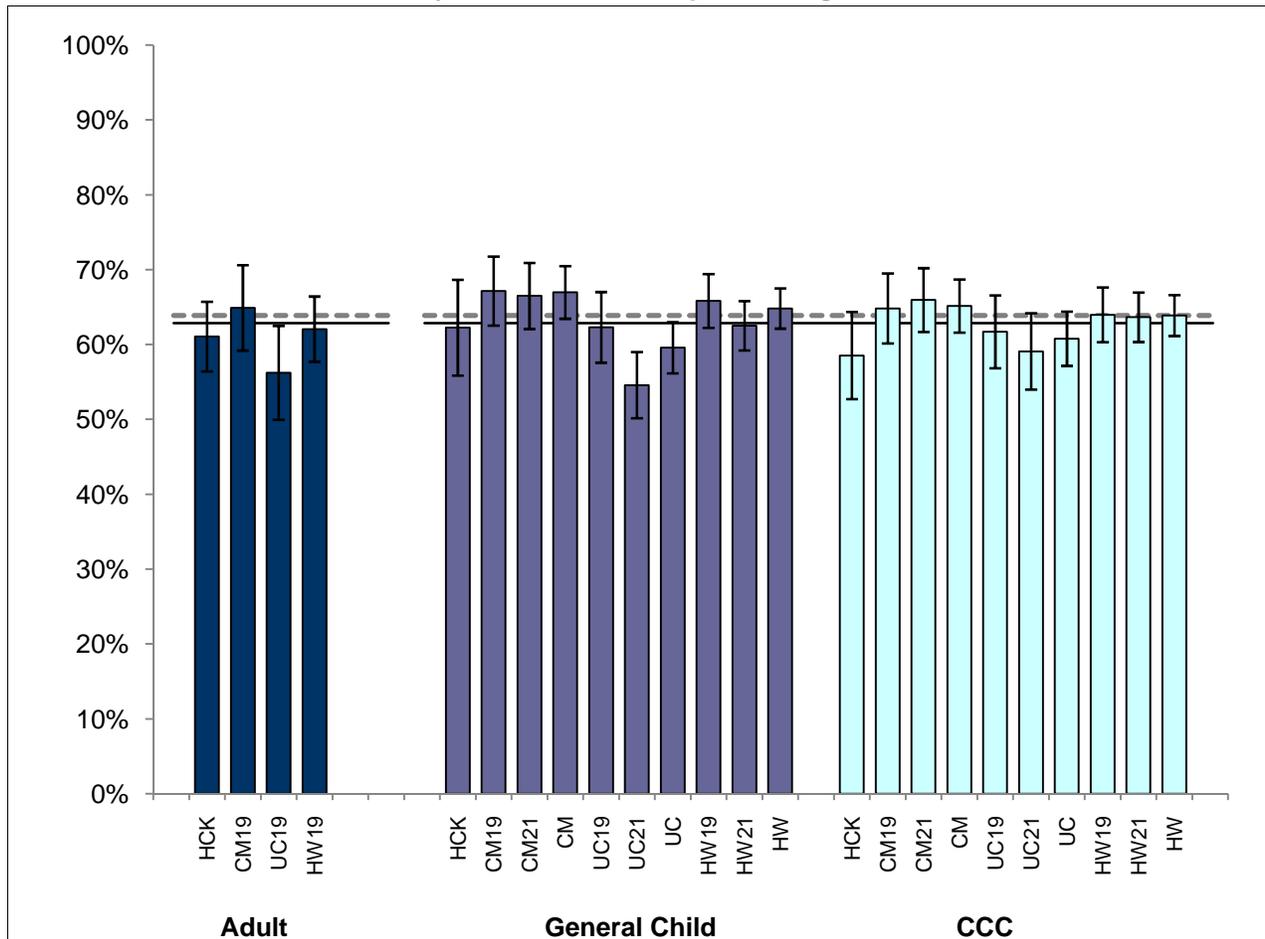


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	69%	422	78%	224	77%	277
	CM19	CMFHP HW19	80%	265	82%	402	82%	402
	CM21	CMFHP HW21	NA	NA	84%	440	82%	478
	UC19	UniCare HW19	72%	240	81%	408	78%	385
	UC21	UniCare HW21	NA	NA	79%	489	79%	357
Combinations	CM	CM19 + CM21	NA	NA	83%	*	82%	*
	UC	UC19 + UC21	NA	NA	81%	*	78%	*
	HW19	CM19 + UC19	77%	*	82%	*	81%	*
	HW21	CM21 + UC21	NA	NA	82%	*	81%	*
	HW	HW19 + HW21	NA	NA	82%	*	81%	*
Benchmarks	National NCBD		76%	41,449	81%	47,926	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		76%	20,049	81%	19,214		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 24

2009 CAHPS Cross-Plan/Program Comparison

Quality of Care: Doctors Spent Enough Time

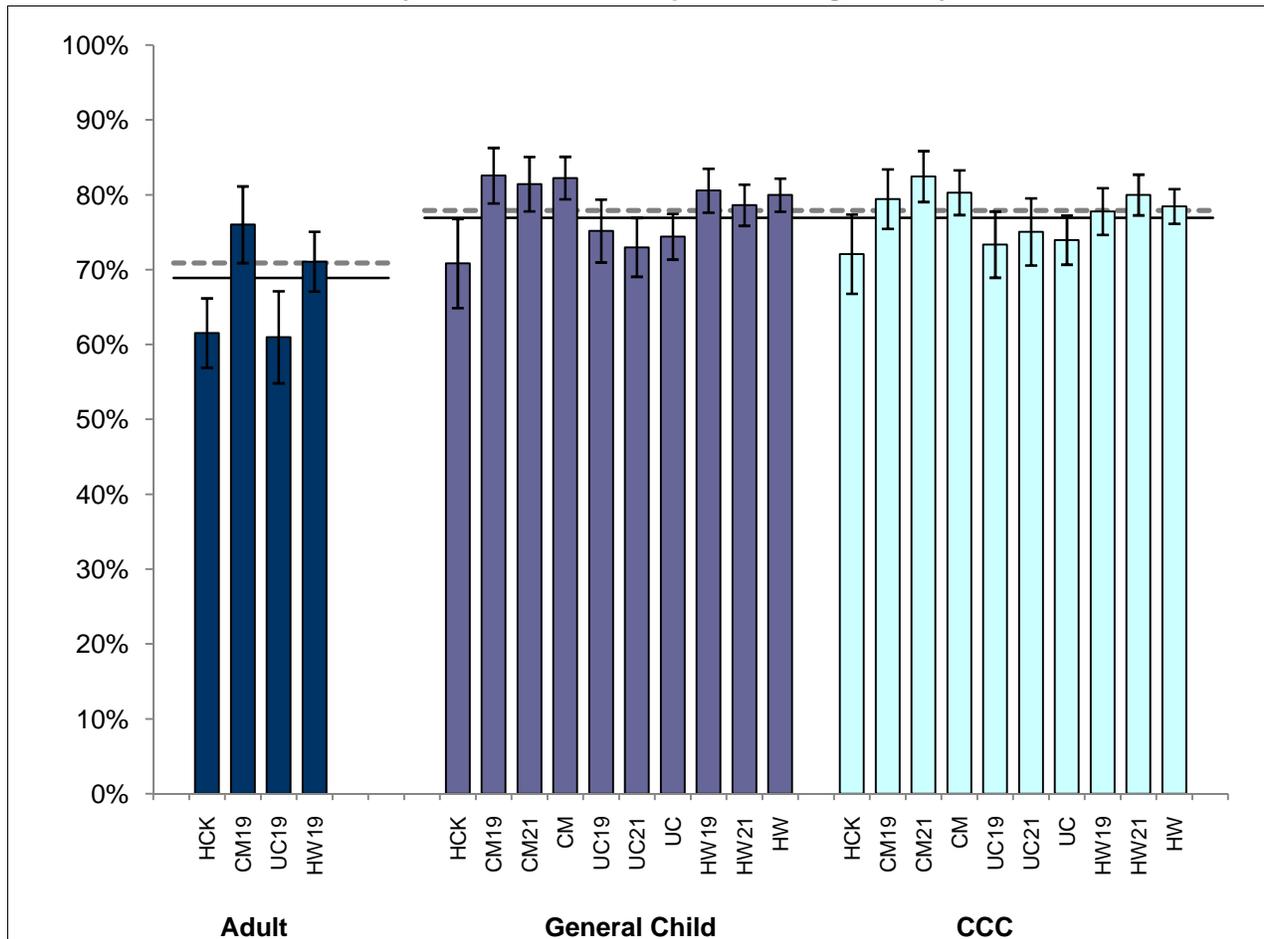


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	61%	424	62%	220	59%	275
	CM19	CMFHP HW19	65%	268	67%	399	65%	401
	CM21	CMFHP HW21	NA	NA	67%	439	66%	476
	UC19	UniCare HW19	56%	240	62%	406	62%	384
	UC21	UniCare HW21	NA	NA	55%	489	59%	357
Combinations	CM	CM19 + CM21	NA	NA	67%	*	65%	*
	UC	UC19 + UC21	NA	NA	60%	*	61%	*
	HW19	CM19 + UC19	62%	*	66%	*	64%	*
	HW21	CM21 + UC21	NA	NA	63%	*	64%	*
	HW	HW19 + HW21	NA	NA	65%	*	64%	*
Benchmarks	National NCBD		63%	41,441	63%	47,595	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		64%	20,040	64%	19,046		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 25

2009 CAHPS Cross-Plan/Program Comparison

Quality of Care: Doctors Explained Things Clearly

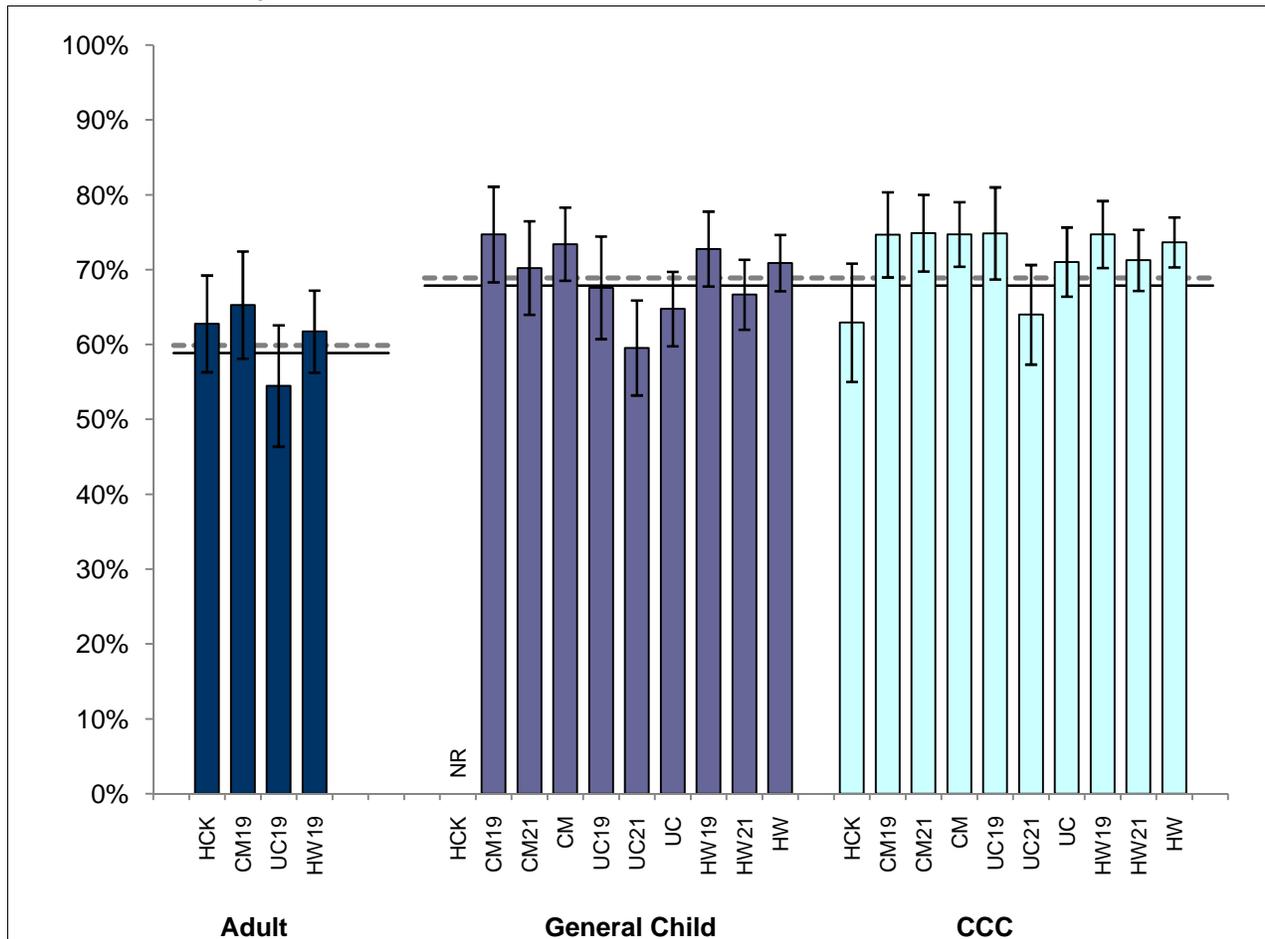


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	62%	424	71%	223	72%	276
	CM19	CMFHP HW19	76%	267	83%	402	79%	399
	CM21	CMFHP HW21	NA	NA	81%	442	82%	479
	UC19	UniCare HW19	61%	241	75%	407	73%	383
	UC21	UniCare HW21	NA	NA	73%	489	75%	357
Combinations	CM	CM19 + CM21	NA	NA	82%	*	80%	*
	UC	UC19 + UC21	NA	NA	74%	*	74%	*
	HW19	CM19 + UC19	71%	*	81%	*	78%	*
	HW21	CM21 + UC21	NA	NA	79%	*	80%	*
	HW	HW19 + HW21	NA	NA	80%	*	78%	*
Benchmarks	National NCBD		69%	41,616	77%	47,948	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		71%	20,172	78%	19,240		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 26

2009 CAHPS Cross-Plan/Program Comparison

Quality of Care: Doctors Discussed Pros and Cons of Treatment Choices

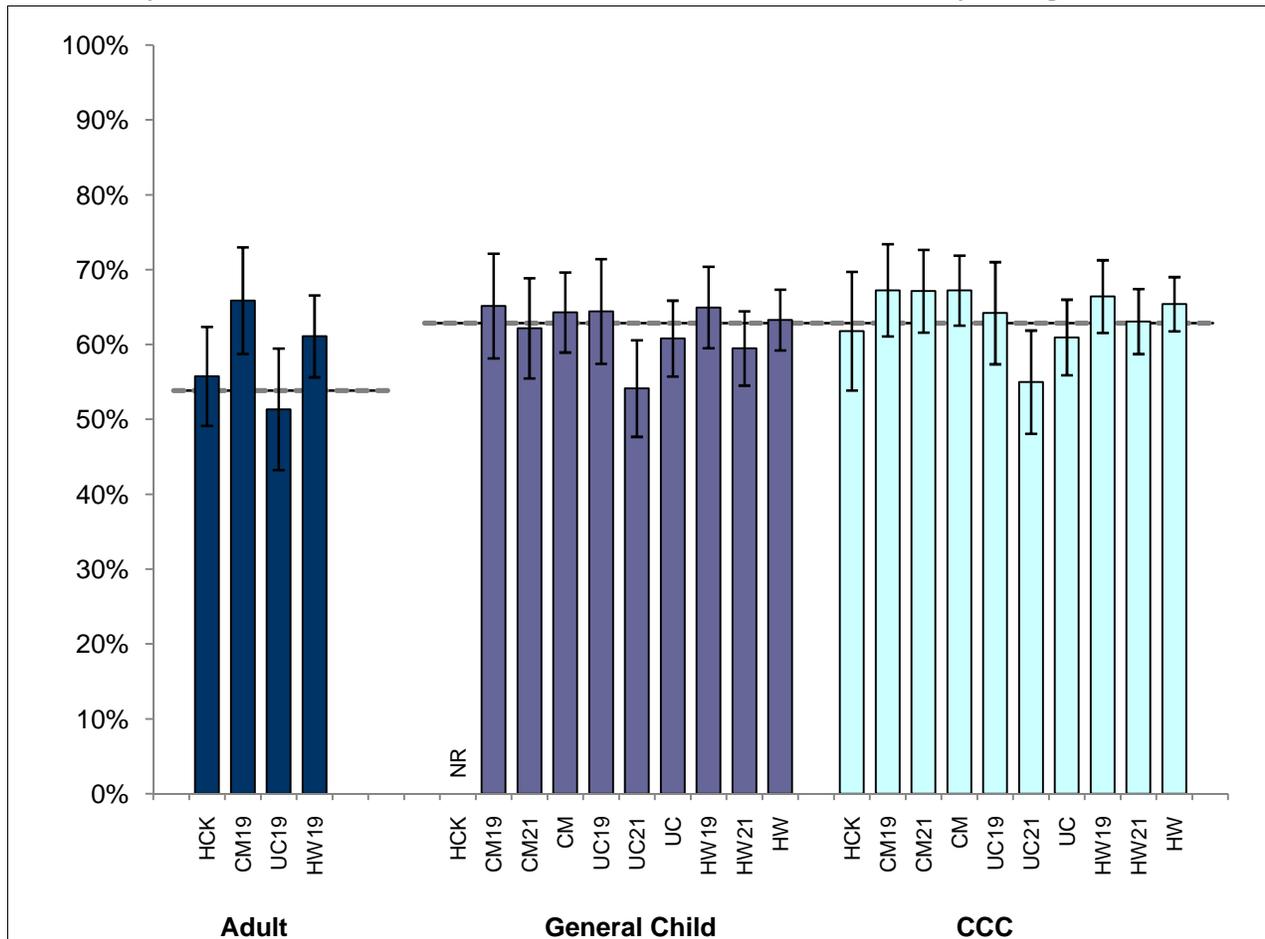


Survey Populations			Adult		General Child		CCC	
			% Def. Yes	Total Responses	% Def. Yes	Total Responses	% Def. Yes	Total Responses
Plans/Programs	HCK	HealthConnect KS	63%	215	NR	96	63%	143
	CM19	CMFHP HW19	65%	170	75%	178	75%	225
	CM21	CMFHP HW21	NA	NA	70%	205	75%	275
	UC19	UniCare HW19	54%	145	68%	179	75%	191
	UC21	UniCare HW21	NA	NA	60%	230	64%	200
Combinations	CM	CM19 + CM21	NA	NA	73%	*	75%	*
	UC	UC19 + UC21	NA	NA	65%	*	71%	*
	HW19	CM19 + UC19	62%	*	73%	*	75%	*
	HW21	CM21 + UC21	NA	NA	67%	*	71%	*
	HW	HW19 + HW21	NA	NA	71%	*	74%	*
Benchmarks	National NCBD		59%	18,204	68%	20,030	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		60%	6,980	69%	8,766		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 27

2009 CAHPS Cross-Plan/Program Comparison

Quality of Care: Doctor Asked Consumer Which Treatment Choice They Thought was Best

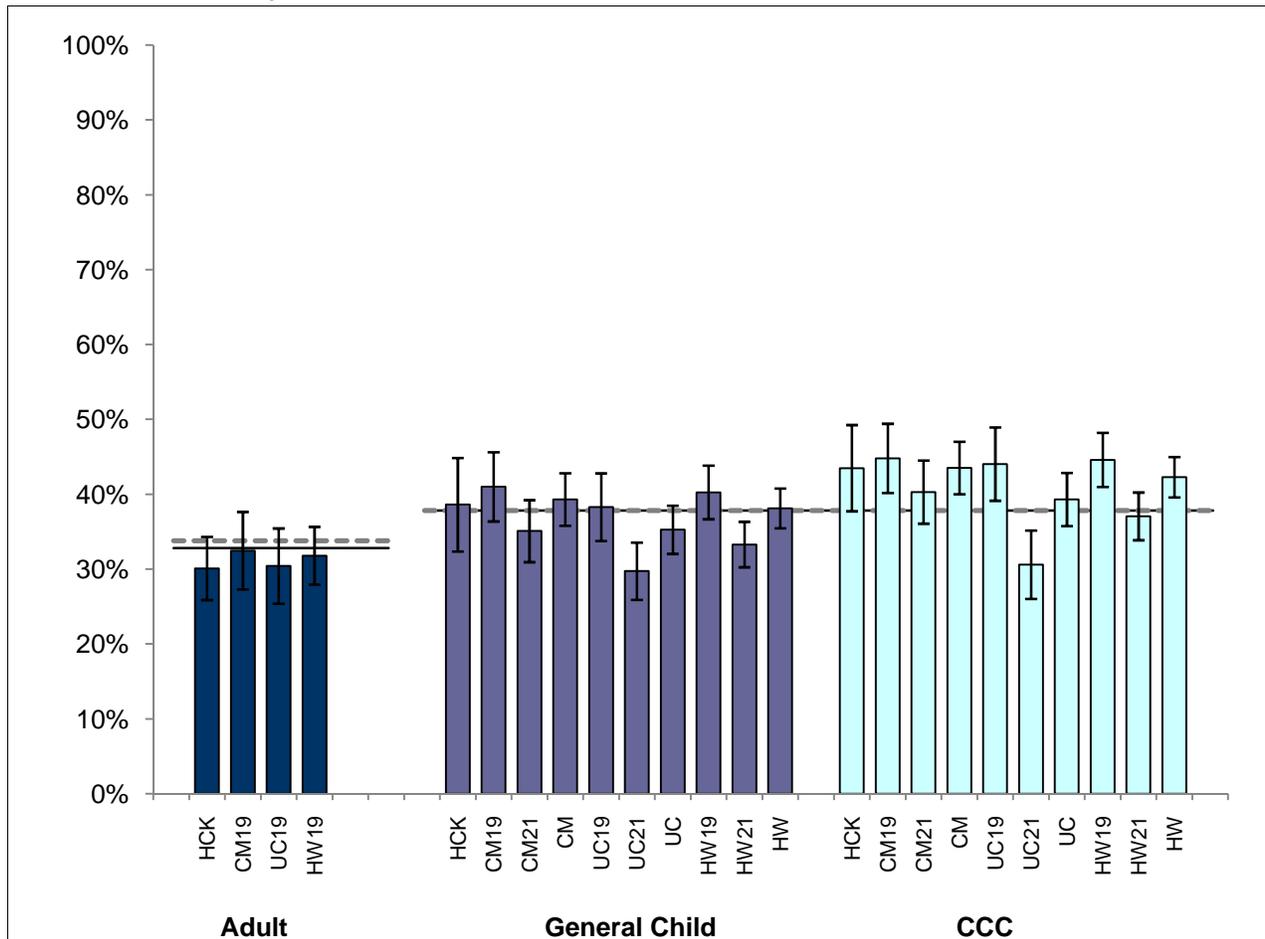


Survey Populations			Adult		General Child		CCC	
			% Def. Yes	Total Responses	% Def. Yes	Total Responses	% Def. Yes	Total Responses
Plans/Programs	HCK	HealthConnect KS	56%	217	NR	97	62%	144
	CM19	CMFHP HW19	66%	170	65%	178	67%	223
	CM21	CMFHP HW21	NA	NA	62%	201	67%	277
	UC19	UniCare HW19	51%	146	64%	180	64%	190
	UC21	UniCare HW21	NA	NA	54%	229	55%	200
Combinations	CM	CM19 + CM21	NA	NA	64%	*	67%	*
	UC	UC19 + UC21	NA	NA	61%	*	61%	*
	HW19	CM19 + UC19	61%	*	65%	*	66%	*
	HW21	CM21 + UC21	NA	NA	60%	*	63%	*
	HW	HW19 + HW21	NA	NA	63%	*	65%	*
Benchmarks	National NCBD		54%	18,199	63%	19,970	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		54%	6,973	63%	8,726		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 28

2019 CAHPS Cross-Plan/Program Comparison

Quality of Care: Doctor Discussed What You Can Do To Prevent Illness

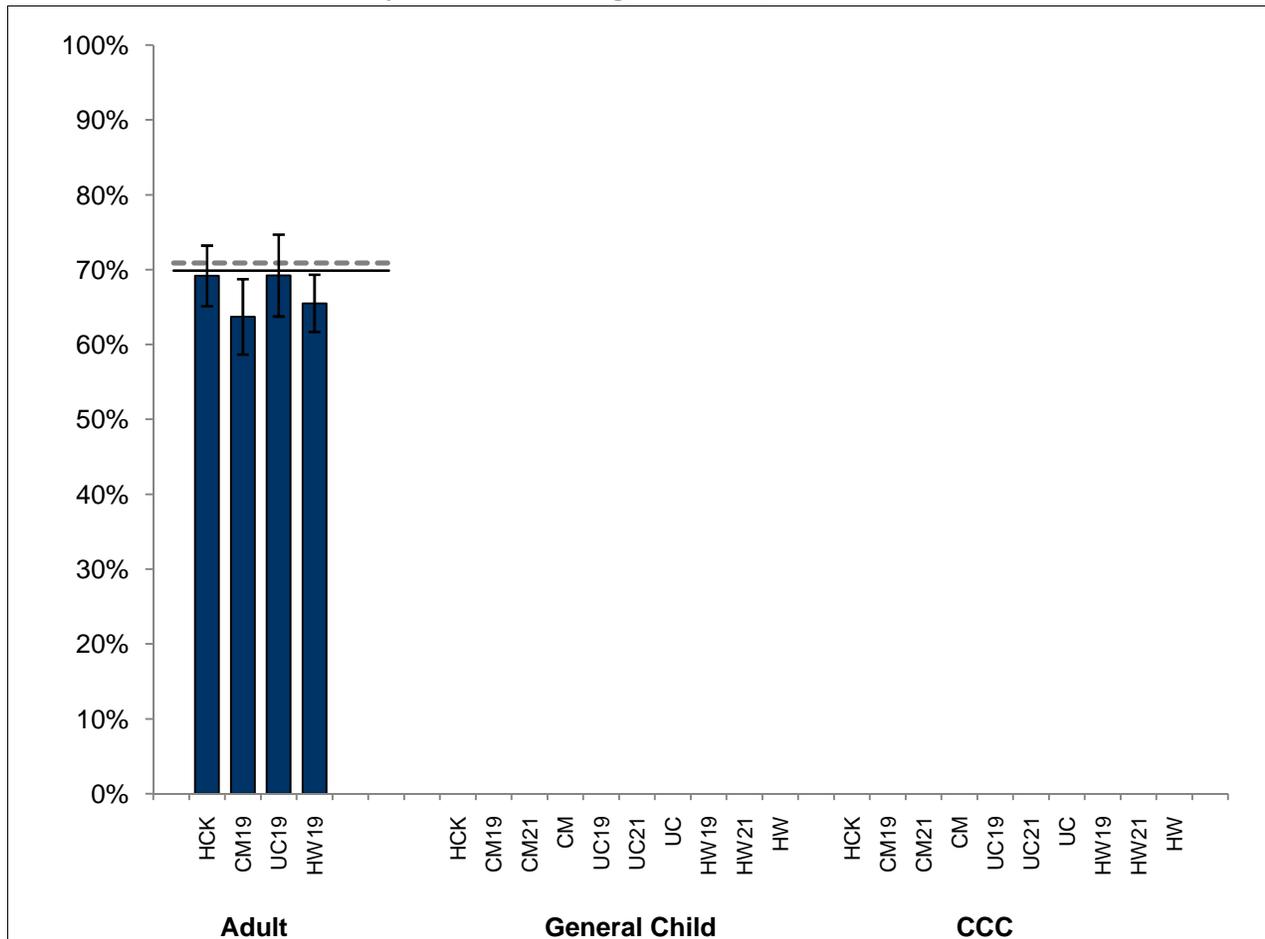


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	30%	455	39%	233	44%	285
	CM19	CMFHP HW19	32%	314	41%	434	45%	444
	CM21	CMFHP HW21	NA	NA	35%	510	40%	521
	UC19	UniCare HW19	30%	322	38%	444	44%	395
	UC21	UniCare HW21	NA	NA	30%	548	31%	392
Combinations	CM	CM19 + CM21	NA	NA	39%	*	44%	*
	UC	UC19 + UC21	NA	NA	35%	*	39%	*
	HW19	CM19 + UC19	32%	*	40%	*	45%	*
	HW21	CM21 + UC21	NA	NA	33%	*	37%	*
	HW	HW19 + HW21	NA	NA	38%	*	42%	*
Benchmarks	National NCBD		33%	35,580	38%	47,618	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		34%	14,389	38%	20,916		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 29

2009 CAHPS Cross-Plan/Program Comparison

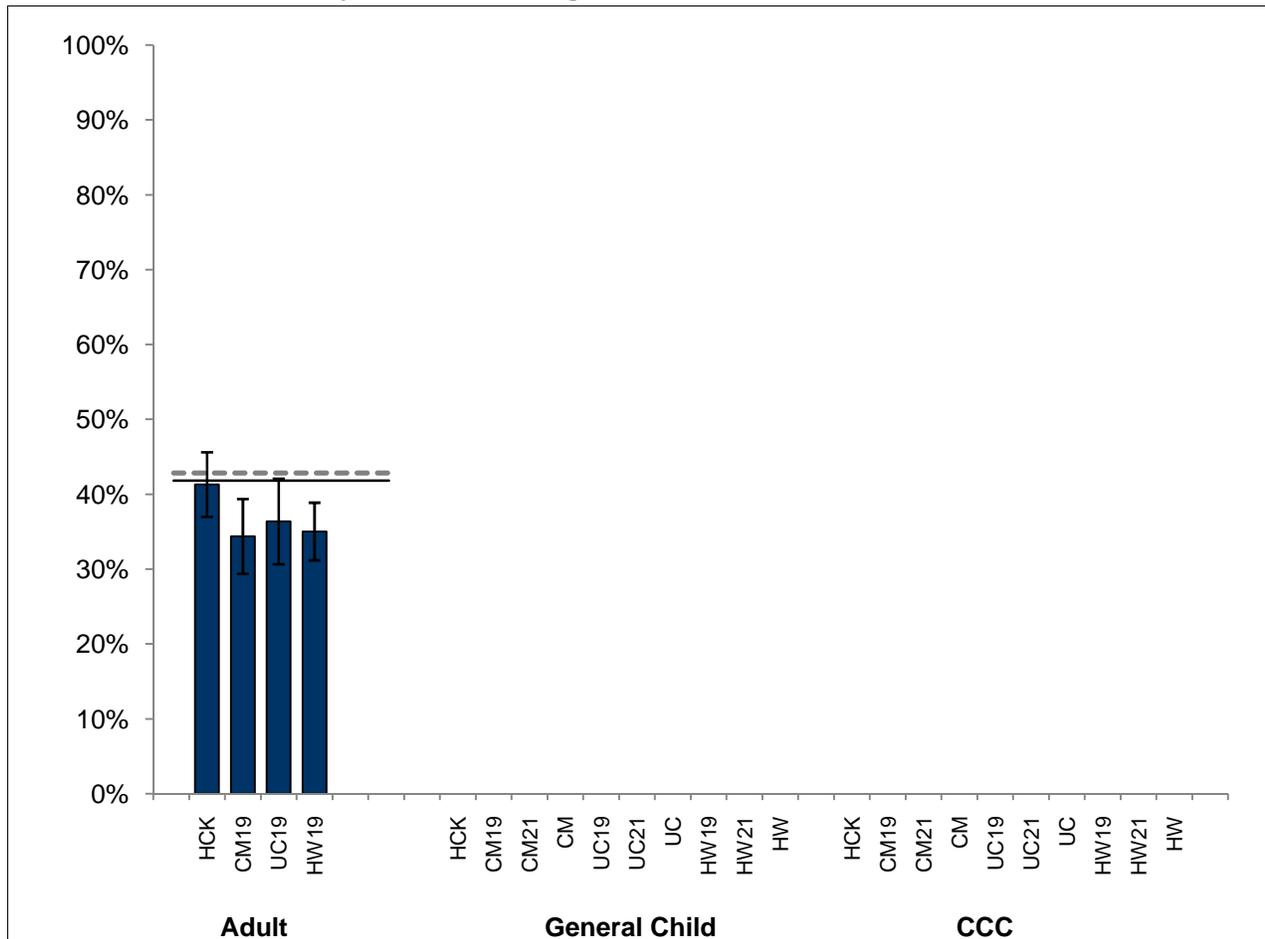
Quality of Care: Smoking Cessation, Advised to Quit



Survey Populations			Adult		General Child		CCC	
			% 1+ Visits	Total Responses	% 1+ Visits	Total Responses	% 1+ Visits	Total Responses
Plans/Programs	HCK	HealthConnect KS	69%	500	NA	NA	NA	NA
	CM19	CMFHP HW19	64%	350	NA	NA	NA	NA
	CM21	CMFHP HW21	NA	NA	NA	NA	NA	NA
	UC19	UniCare HW19	69%	273	NA	NA	NA	NA
	UC21	UniCare HW21	NA	NA	NA	NA	NA	NA
Combinations	CM	CM19 + CM21	NA	NA	NA	*	NA	*
	UC	UC19 + UC21	NA	NA	NA	*	NA	*
	HW19	CM19 + UC19	66%	*	NA	*	NA	*
	HW21	CM21 + UC21	NA	NA	NA	*	NA	*
	HW	HW19 + HW21	NA	NA	NA	*	NA	*
Benchmarks	— National NCBD - - - Regional NCBD		70%	15,776	NA	NA	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			71%	7,465	NA	NA		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 30

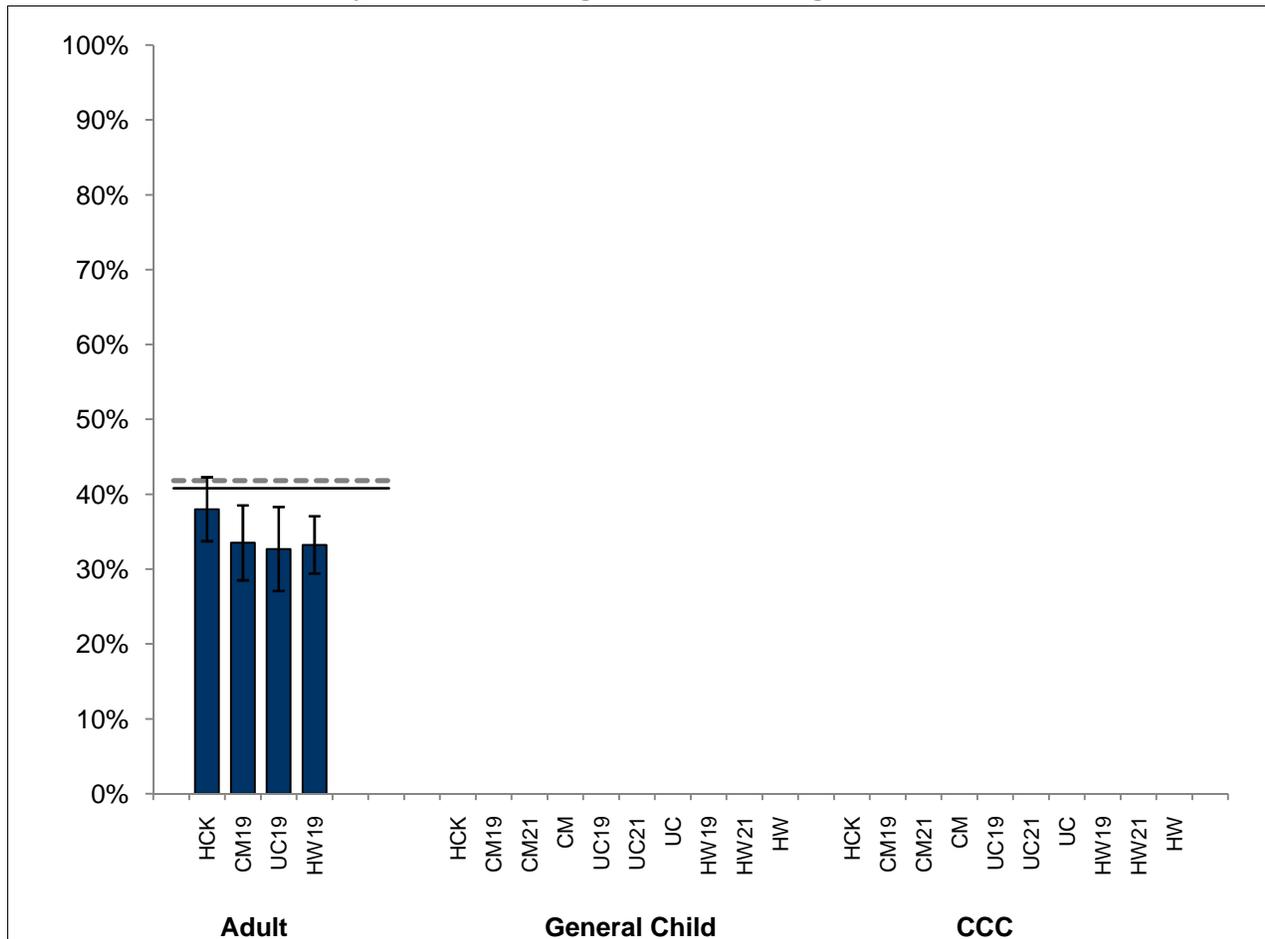
2009 CAHPS Cross-Plan/Program Comparison Quality of Care: Smoking Cessation Medications Discussed



Survey Populations			Adult		General Child		CCC	
			% 1+ Visits	Total Responses	% 1+ Visits	Total Responses	% 1+ Visits	Total Responses
Plans/Programs	HCK	HealthConnect KS	41%	501	NA	NA	NA	NA
	CM19	CMFHP HW19	34%	346	NA	NA	NA	NA
	CM21	CMFHP HW21	NA	NA	NA	NA	NA	NA
	UC19	UniCare HW19	36%	272	NA	NA	NA	NA
	UC21	UniCare HW21	NA	NA	NA	NA	NA	NA
Combinations	CM	CM19 + CM21	NA	NA	NA	*	NA	*
	UC	UC19 + UC21	NA	NA	NA	*	NA	*
	HW19	CM19 + UC19	35%	*	NA	*	NA	*
	HW21	CM21 + UC21	NA	NA	NA	*	NA	*
	HW	HW19 + HW21	NA	NA	NA	*	NA	*
Benchmarks	National NCBDBenchmark		42%	15,783	NA	NA	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBDBenchmark		43%	7,425	NA	NA		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 31

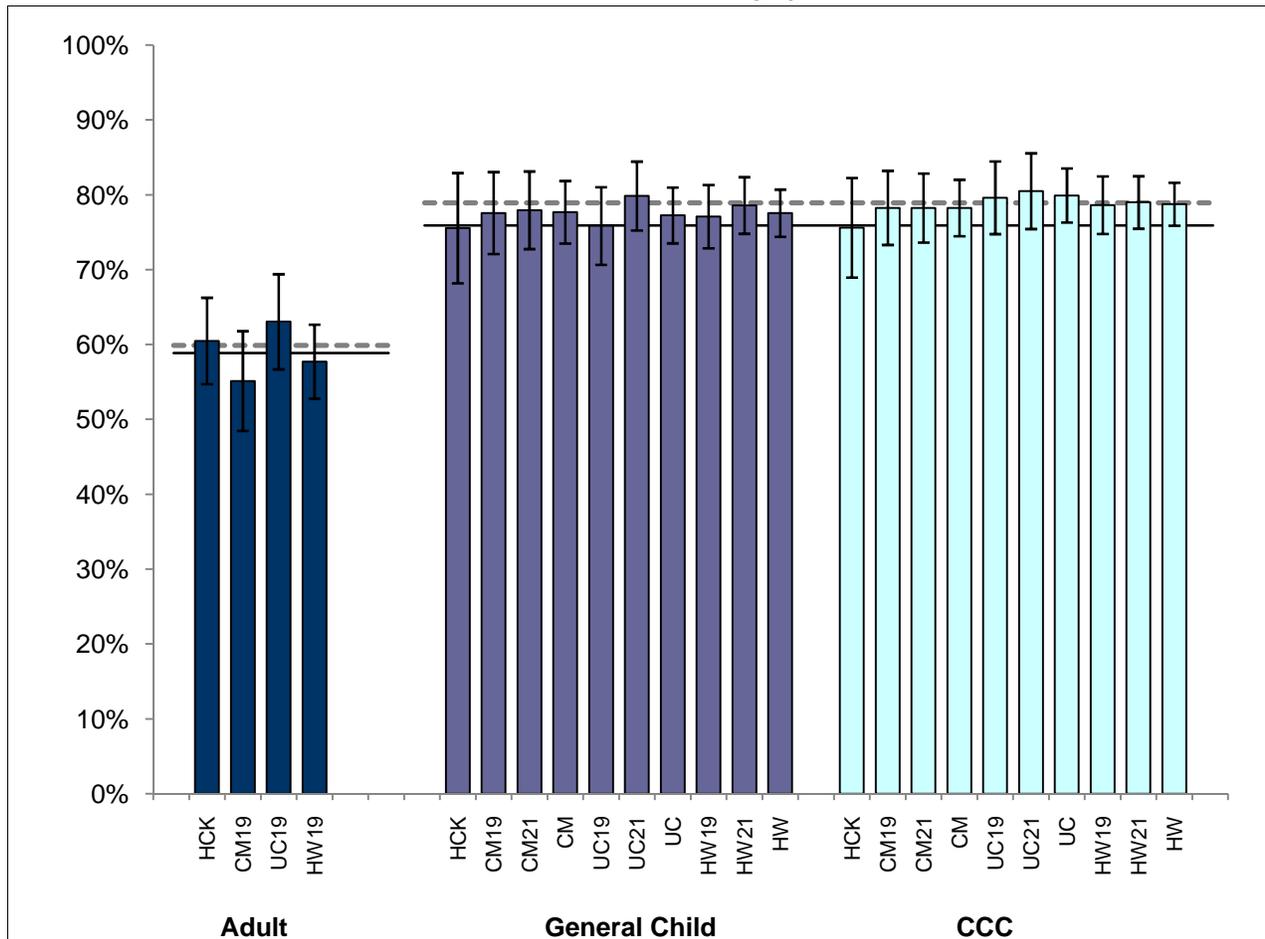
2009 CAHPS Cross-Plan/Program Comparison
Quality of Care: Smoking Cessation Strategies Discussed



Survey Populations			Adult		General Child		CCC	
			% 1+ Visits	Total Responses	% 1+ Visits	Total Responses	% 1+ Visits	Total Responses
Plans/Programs	HCK	HealthConnect KS	38%	497	NA	NA	NA	NA
	CM19	CMFHP HW19	34%	343	NA	NA	NA	NA
	CM21	CMFHP HW21	NA	NA	NA	NA	NA	NA
	UC19	UniCare HW19	33%	269	NA	NA	NA	NA
	UC21	UniCare HW21	NA	NA	NA	NA	NA	NA
Combinations	CM	CM19 + CM21	NA	NA	NA	*	NA	*
	UC	UC19 + UC21	NA	NA	NA	*	NA	*
	HW19	CM19 + UC19	33%	*	NA	*	NA	*
	HW21	CM21 + UC21	NA	NA	NA	*	NA	*
	HW	HW19 + HW21	NA	NA	NA	*	NA	*
Benchmarks	— National NCBD - - - Regional NCBD		41%	15,691	NA	NA	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
			42%	7,385	NA	NA		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 32

2009 CAHPS Cross-Plan/Program Comparison
Timeliness of Care: Got Care for Illness/Injury as Soon as Needed

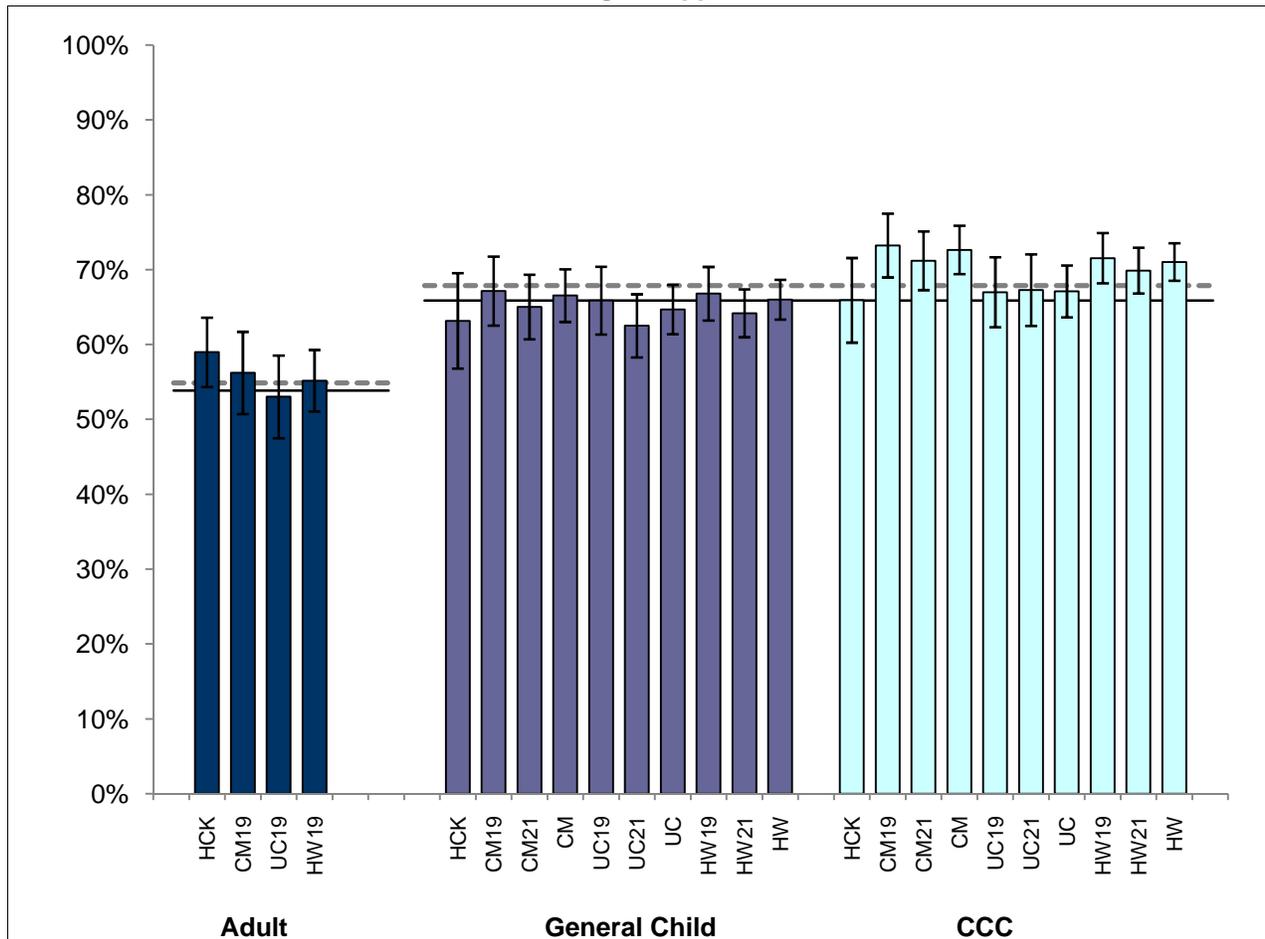


Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	61%	276	76%	131	76%	160
	CM19	CMFHP HW19	55%	214	78%	223	78%	267
	CM21	CMFHP HW21	NA	NA	78%	245	78%	308
	UC19	UniCare HW19	63%	222	76%	261	80%	265
	UC21	UniCare HW21	NA	NA	80%	293	81%	236
Combinations	CM	CM19 + CM21	NA	NA	78%	*	78%	*
	UC	UC19 + UC21	NA	NA	77%	*	80%	*
	HW19	CM19 + UC19	58%	*	77%	*	79%	*
	HW21	CM21 + UC21	NA	NA	79%	*	79%	*
	HW	HW19 + HW21	NA	NA	78%	*	79%	*
Benchmarks	National NCBD		59%	27,905	76%	26,851	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		60%	13,817	79%	11,307		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Table 33

2009 CAHPS Cross-Plan/Program Comparison

Timeliness of Care: Got Non-Urgent Appointment as Soon as Needed



Survey Populations			Adult		General Child		CCC	
			% Always	Total Responses	% Always	Total Responses	% Always	Total Responses
Plans/Programs	HCK	HealthConnect KS	59%	434	63%	220	66%	270
	CM19	CMFHP HW19	56%	313	67%	399	73%	415
	CM21	CMFHP HW21	NA	NA	65%	469	71%	514
	UC19	UniCare HW19	53%	313	66%	422	67%	388
	UC21	UniCare HW21	NA	NA	63%	507	67%	370
Combinations	CM	CM19 + CM21	NA	NA	67%	*	73%	*
	UC	UC19 + UC21	NA	NA	65%	*	67%	*
	HW19	CM19 + UC19	55%	*	67%	*	72%	*
	HW21	CM21 + UC21	NA	NA	64%	*	70%	*
	HW	HW19 + HW21	NA	NA	66%	*	71%	*
Benchmarks	National NCBD		54%	45,215	66%	47,317	CCC benchmarks are not available. General Child benchmarks are graphed instead.	
	Regional NCBD		55%	22,400	68%	19,488		
			NA = Not Available NR = Not Reportable due to fewer than 100 responses * = Response Frequency not available due to weighted analysis					

Attachment B

Cross-Plan/Program Statistical Testing Results

2009 CAHPS Cross-Plan/Program Comparison Results of Statistical Testing

Survey Comparison Groups			
HCK = HealthConnect Kansas CM19=CMFHP HW19 CM21=CMFHP HW21 UC19=UniCare HW19 UC21=UniCare HW21 CM=CM19+CM21 UC=UC19+UC21		HW19=CM19+UC19 HW21=CM21+UC21 HW=HW19+HW21 NAT=NCBD National Benchmark REG=NCBD Regional Benchmark	
Survey Item	Survey Group	Significant Result	P-Value
Rating of Health Plan	Adult	HCK < HW19	0.006
	Adult	UC19 < CM19	0.003
	Adult	HCK < NAT	0.004
	Adult	NAT < CM19	<0.001
	Adult	NAT < HW19	0.002
	Adult	HCK < REG	<0.001
	Adult	REG < CM19	0.002
	Adult	REG < HW19	0.011
	General Child	NAT < HCK	0.011
	General Child	NAT < CM19	<0.001
	General Child	NAT < CM21	<0.001
	General Child	NAT < UC19	<0.001
	General Child	NAT < UC21	<0.001
	General Child	NAT < CM	<0.001
	General Child	NAT < UC	<0.001
	General Child	NAT < HW19	<0.001
	General Child	NAT < HW21	<0.001
	General Child	NAT < HW	<0.001
	General Child	REG < HCK	0.004
	General Child	REG < CM19	<0.001
	General Child	REG < CM21	<0.001
	General Child	REG < UC19	<0.001
	General Child	REG < UC21	<0.001
	General Child	REG < CM	<0.001
	General Child	REG < UC	<0.001
	General Child	REG < HW19	<0.001
	General Child	REG < HW21	<0.001
	General Child	REG < HW	<0.001
	CCC	HCK < HW19	0.016
	CCC	UC21 < CM21	0.039
	CCC	NAT < CM19	0.004
	CCC	NAT < CM21	<0.001
	CCC	NAT < UC19	0.006
	CCC	NAT < CM	<0.001
	CCC	NAT < UC	<0.001
	CCC	NAT < HW19	<0.001
CCC	NAT < HW21	<0.001	
CCC	NAT < HW	<0.001	
CCC	REG < CM19	<0.001	
CCC	REG < CM21	<0.001	
CCC	REG < UC19	0.001	

2010 CAHPS Cross-Plan/Program Comparison
Results of Statistical Testing--(continued)

Survey Item	Survey Group	Significant Result	P-Value
Rating of Health Plan	CCC	REG < UC21	0.023
	CCC	REG < CM	<0.001
	CCC	REG < UC	<0.001
	CCC	REG < HW19	<0.001
	CCC	REG < HW21	<0.001
	CCC	REG < HW	<0.001
Rating of Health Care	General Child	NAT < CM19	0.004
	General Child	NAT < UC19	0.028
	General Child	NAT < CM	<0.001
	General Child	NAT < UC	0.008
	General Child	NAT < HW19	<0.001
	General Child	NAT < HW21	0.036
	General Child	NAT < HW	<0.001
	General Child	REG < CM19	0.004
	General Child	REG < UC19	0.028
	General Child	REG < CM	<0.001
	General Child	REG < UC	0.008
	General Child	REG < HW19	<0.001
	General Child	REG < HW21	0.036
	General Child	REG < HW	<0.001
	CCC	UC21 < CM21	0.01
	CCC	NAT < CM21	0.004
	CCC	NAT < CM	0.023
	CCC	NAT < HW21	0.026
	CCC	NAT < HW	0.009
	CCC	REG < CM21	0.004
CCC	REG < CM	0.023	
CCC	REG < HW21	0.026	
CCC	REG < HW	0.009	
Rating of Personal Doctor	Adult	HCK < REG	0.047
	Adult	UC19 < REG	0.018
	General Child	NAT < CM	0.031
	General Child	NAT < HW19	0.034
	General Child	NAT < HW	0.011
	General Child	REG < CM	0.031
	General Child	REG < HW19	0.034
	General Child	REG < HW	0.011
	CCC	NAT < UC19	0.007
	CCC	NAT < UC	0.048
	CCC	NAT < HW19	0.033
	CCC	NAT < HW	0.014
	CCC	REG < UC19	0.007
	CCC	REG < UC	0.048
	CCC	REG < HW19	0.033
CCC	REG < HW	0.014	
Rating of Specialist Seen Most Often	CCC	CM19 < CM21	0.025
	CCC	CM19 < UC19	0.013
	CCC	CM19 < NAT	0.05
	CCC	REG < UC	0.05

2010 CAHPS Cross-Plan/Program Comparison
Results of Statistical Testing--(continued)

Survey Item	Survey Group	Significant Result	P-Value
Getting Needed Care Composite	Adult	NAT < HCK	0.039
	General Child	NAT < CM19	0.002
	General Child	NAT < CM21	<0.001
	General Child	NAT < CM	<0.001
	General Child	NAT < HW19	<0.001
	General Child	NAT < HW21	<0.001
	General Child	NAT < HW	<0.001
	General Child	REG < CM19	0.024
	General Child	REG < CM21	0.016
	General Child	REG < CM	0.002
	General Child	REG < HW19	0.018
	General Child	REG < HW21	0.013
	General Child	REG < HW	<0.001
	CCC	CM19 < CM21	0.023
	CCC	UC21 < CM21	0.008
	CCC	NAT < CM21	<0.001
	CCC	NAT < UC19	0.043
	CCC	NAT < CM	<0.001
	CCC	NAT < UC	0.011
	CCC	NAT < HW19	0.011
	CCC	NAT < HW21	<0.001
	CCC	NAT < HW	<0.001
	CCC	REG < CM21	<0.001
	CCC	REG < CM	0.023
	CCC	REG < HW21	<0.001
	CCC	REG < HW	0.005
Getting Care Quickly Composite	CCC	NAT < CM19	0.022
	CCC	NAT < CM21	0.048
	CCC	NAT < CM	0.011
	CCC	NAT < HW19	0.023
	CCC	NAT < HW21	0.031
	CCC	NAT < HW	0.002
How Well Doctors Communicate Composite	Adult	UC19 < CM19	0.007
	Adult	HCK < NAT	0.01
	Adult	UC19 < NAT	0.021
	Adult	HCK < REG	0.002
	Adult	UC19 < REG	0.008
	General Child	UC21 < CM21	0.009
	General Child	NAT < CM	0.048
	General Child	REG < CM	0.048
CCC	UC21 < CM21	0.044	
Customer Service Composite	Adult	HCK < NAT	0.03
	Adult	HCK < REG	0.018
	General Child	NAT < UC21	0.039
Shared Decision Making Composite	Adult	UC19 < CM19	0.022
	Adult	NAT < CM19	0.025
	Adult	REG < CM19	0.025
	General Child	UC21 < CM21	0.045
	General Child	UC21 < NAT	0.004

2010 CAHPS Cross-Plan/Program Comparison
Results of Statistical Testing--(continued)

Survey Item	Survey Group	Significant Result	P-Value
Shared Decision Making Composite	General Child	UC21 < REG	0.004
	CCC	UC21 < CM21	0.009
	CCC	NAT < CM	0.044
	CCC	NAT < HW	0.039
	CCC	REG < CM	0.044
	CCC	REG < HW	0.039
CCC Composite: Personal Doctor Who Knows Child	General Child	CM21 < CM19	0.001
	General Child	UC19 < CM19	0.004
CCC Composite: Coordination of Care	General Child	UC19 < CM19	0.047
	CCC	HCK < HW19	0.032
Access to Care: Easy to Get Appointments w	General Child	NAT < CM	0.044
	General Child	NAT < HW21	0.024
	General Child	NAT < HW	0.008
	CCC	CM19 < CM21	0.007
	CCC	UC21 < CM21	0.024
	CCC	NAT < CM21	<0.001
	CCC	NAT < UC19	0.034
	CCC	NAT < CM	0.029
	CCC	NAT < UC	0.009
	CCC	NAT < HW21	<0.001
	CCC	NAT < HW	<0.001
	CCC	REG < CM21	<0.001
	CCC	REG < HW21	<0.001
	Access to Care: Easy to Get Necessary Care, Tests or Treatment	General Child	UC19 < CM19
General Child		NAT < CM19	<0.001
General Child		NAT < CM21	<0.001
General Child		NAT < UC21	0.047
General Child		NAT < CM	<0.001
General Child		NAT < UC	0.033
General Child		NAT < HW19	<0.001
General Child		NAT < HW21	<0.001
General Child		NAT < HW	<0.001
General Child		REG < CM19	<0.001
General Child		REG < CM21	0.002
General Child		REG < CM	<0.001
General Child		REG < HW19	<0.001
General Child		REG < HW21	<0.001
General Child		REG < HW	<0.001
CCC		UC21 < CM21	0.023
CCC		NAT < CM19	0.002
CCC		NAT < CM21	<0.001
CCC		NAT < CM	<0.001
CCC		NAT < UC	0.049
CCC		NAT < HW19	<0.001
CCC		NAT < HW21	<0.001
CCC		NAT < HW	<0.001
CCC		REG < CM19	0.028
CCC		REG < CM21	<0.001
CCC		REG < CM	<0.001

2010 CAHPS Cross-Plan/Program Comparison
Results of Statistical Testing--(continued)

Survey Item	Survey Group	Significant Result	P-Value
Access to Care: Easy to Get Necessary Care, Tests or Treatment	CCC	REG < HW19	0.025
	CCC	REG < HW21	<0.001
	CCC	REG < HW	<0.001
Access to Care: Customer Service Gave Necessary Information/Help	General Child	NAT < UC21	0.013
	General Child	REG < UC21	0.04
Access to Care: Doctor Seemed Informed and Up-to-Date About Care Received from	CCC	HW21 < NAT	0.024
	CCC	HW21 < REG	0.024
Access to Care: Has a Personal Doctor	Adult	HW19 < HCK	<0.001
Quality of Care: Doctors Listened Carefully	Adult	UC19 < CM19	0.002
	Adult	HCK < NAT	0.003
	Adult	UC19 < NAT	0.004
	Adult	HCK < REG	0.003
	Adult	UC19 < REG	0.004
	CCC	UC21 < CM21	0.022
	CCC	HCK < NAT	0.006
	CCC	UC19 < NAT	0.023
	CCC	UC21 < NAT	0.007
	CCC	UC < NAT	0.005
	CCC	HCK < REG	0.006
	CCC	UC19 < REG	0.023
	CCC	UC21 < REG	0.007
	CCC	UC < REG	0.005
Quality of Care: Doctors Respected Your Comments	Adult	UC19 < CM19	0.034
	Adult	HCK < NAT	<0.001
	Adult	HCK < REG	<0.001
Quality of Care: Doctors Spent Enough Time	Adult	UC19 < CM19	0.045
	Adult	UC19 < NAT	0.031
	Adult	UC19 < REG	0.013
	General Child	UC21 < CM21	<0.001
	General Child	UC21 < UC19	0.02
	General Child	UC21 < NAT	<0.001
	General Child	NAT < CM	0.032
	General Child	UC < NAT	0.048
	General Child	UC21 < REG	<0.001
	General Child	UC < REG	0.011
Quality of Care: Doctors Explained Things Clearly	Adult	HCK < HW19	0.047
	Adult	UC19 < CM19	<0.001
	Adult	HCK < NAT	<0.001
	Adult	NAT < CM19	0.012
	Adult	UC19 < NAT	0.007
	Adult	HCK < REG	<0.001
	Adult	UC19 < REG	<0.001
	General Child	HCK < HW19	0.013
	General Child	UC19 < CM19	0.008
	General Child	UC21 < CM21	0.002
	General Child	UC < CM	0.042
	General Child	HCK < NAT	0.028
General Child	NAT < CM19	0.007	

2010 CAHPS Cross-Plan/Program Comparison
Results of Statistical Testing--(continued)

Survey Item	Survey Group	Significant Result	P-Value
Quality of Care: Doctors Explained Things Clearly	General Child	NAT < CM21	0.025
	General Child	UC21 < NAT	0.034
	General Child	NAT < CM	0.005
	General Child	NAT < HW	0.025
	General Child	HCK < REG	0.011
	General Child	REG < CM19	0.027
	General Child	UC21 < REG	0.008
	General Child	REG < CM	0.022
	General Child	UC < REG	0.042
	CCC	UC19 < CM19	0.041
	CCC	UC21 < CM21	0.008
	CCC	NAT < CM21	0.004
	CCC	HCK < REG	0.019
	CCC	REG < CM21	0.019
	CCC	UC19 < REG	0.029
	CCC	UC < REG	0.03
Quality of Care: Doctors Discussed Pros and Cons of Treatment Choices	General Child	UC21 < CM21	0.019
	General Child	UC21 < NAT	0.006
	General Child	UC21 < REG	0.002
	CCC	HCK < HW19	0.039
	CCC	UC21 < CM21	0.01
	CCC	NAT < CM19	0.032
	CCC	NAT < CM21	0.014
	CCC	NAT < UC19	0.042
	CCC	NAT < CM	0.007
	CCC	NAT < HW19	0.009
	CCC	NAT < HW	0.001
	CCC	REG < CM21	0.035
	CCC	REG < CM	0.021
	CCC	REG < HW19	0.025
CCC	REG < HW	0.007	
Quality of Care: Doctor Asked Consumer Which Treatment Choice They Thought was	Adult	UC19 < CM19	0.009
	Adult	NAT < CM19	0.002
	Adult	NAT < HW19	0.009
	Adult	REG < CM19	0.002
	Adult	REG < HW19	0.009
	General Child	UC21 < UC19	0.035
	General Child	UC21 < NAT	0.006
	General Child	UC21 < REG	0.006
	CCC	UC21 < CM21	0.007
	CCC	UC21 < NAT	0.02
	CCC	UC21 < REG	0.02
Quality of Care: Doctor Discussed What You Can Do To Prevent Illness	General Child	UC21 < UC19	0.005
	General Child	UC21 < NAT	<0.001
	General Child	HW21 < NAT	<0.001
	General Child	UC21 < REG	<0.001
	General Child	HW21 < REG	<0.001
	CCC	UC21 < CM21	0.003
	CCC	NAT < CM19	0.003

2010 CAHPS Cross-Plan/Program Comparison
Results of Statistical Testing--(continued)

Survey Item	Survey Group	Significant Result	P-Value
Quality of Care: Doctor Discussed What You Can Do To Prevent Illness	CCC	NAT < UC19	0.014
	CCC	UC21 < NAT	0.003
	CCC	NAT < CM	<0.001
	CCC	NAT < HW19	<0.001
	CCC	NAT < HW	<0.001
	CCC	REG < CM19	0.003
	CCC	REG < UC19	0.014
	CCC	UC21 < REG	0.003
	CCC	REG < CM	<0.001
	CCC	REG < HW19	<0.001
	CCC	REG < HW	<0.001
	Quality of Care: Smoking Cessation, Advised to Quit	Adult	CM19 < NAT
Adult		HW19 < NAT	0.024
Adult		CM19 < REG	0.003
Adult		HW19 < REG	0.006
Adult		CM19 < NAT	0.005
Adult		HW19 < NAT	<0.001
Adult		CM19 < REG	0.001
Adult		UC19 < REG	0.029
Adult		HW19 < REG	<0.001
Adult		CM19 < NAT	0.005
Adult		UC19 < NAT	0.006
Adult		HW19 < NAT	<0.001
Adult		CM19 < REG	0.002
Adult		UC19 < REG	0.002
Adult		HW19 < REG	<0.001
Timeliness of Care: Got Non-Urgent Appointment as Soon as Needed	Adult	NAT < HCK	0.038
	General Child	UC21 < REG	0.009
	General Child	HW21 < REG	0.022
	CCC	NAT < CM19	0.002
	CCC	NAT < CM21	0.012
	CCC	NAT < CM	<0.001
	CCC	NAT < HW19	0.003
	CCC	NAT < HW21	0.017
	CCC	NAT < HW	<0.001
	CCC	REG < CM19	0.022
	CCC	REG < CM	0.011
	CCC	REG < HW	0.016

Attachment C

CMFHP Validation Worksheet

**Survey Validation Worksheet
2009 CMFHP CAHPS Survey**

SURVEY ELEMENT	
Activity 1: Survey Purpose and Objective	
1.1	<p><i>There is a written statement of survey purpose that addresses access, timeliness, and/or quality of care.</i></p> <p>The Meyers Group (TMG), a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS) Survey Vendor, was selected by Children’s Mercy Family Health Partners (CMFHP) to conduct the 2009 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The results were reported in the following categories: HealthWave 19 (HW19) Adult; HW19 General Child; HW19 Children with Chronic Conditions (CCC); HealthWave 21 (HW21) General Child; and HW21 CCC.</p> <p>CMFHP identified the purpose of the surveys was to provide a framework for the continuous improvement of healthcare provided to CMFHP members through assuring the provision of appropriate, affordable and accessible care, and to assess and improve the satisfaction of members with the healthcare services received during the last six months.</p> <p>TMG identified the purpose was to capture accurate and complete information about consumer-reported experiences with healthcare, and to measure how well the plan is meeting their members’ expectations and goals, and to identify opportunities for improvement which could aid the plan in increasing the quality of care provided.</p>
1.2	<p><i>Units of analysis are clearly stated and include individual MCOs/PIHPs.</i></p> <p>The units of analysis were child beneficiaries in the HW19 and HW21 programs, and adult beneficiaries in the HW 19 program.</p>
1.3	<p><i>Study objectives are clear, measurable, and in writing.</i></p> <p>The TMG reports defined the study objectives as follows, “The overall objective of the CAHPS study is to capture accurate and complete information about consumer-reported experiences with healthcare. Specifically, the objectives are to measure how well plans are meeting their members’ expectations and goals; to determine which areas of service have the greatest effect on members’ overall satisfaction; and to identify areas of opportunity for improvement, which could aid plans in increasing the quality of care provided.”</p> <p>CMFHP provided the following study specific objectives:</p> <ul style="list-style-type: none"> • To meet the contractual requirements to the State of Kansas • To capture accurate and complete information about consumer-reported experiences with healthcare • To measure how well CMFHP is meeting members’ expectations and goals • To determine which areas of service have the greatest effect on member’s overall satisfaction • To identify areas of opportunity for improvement, which could aid CMFHP in increasing the quality of care provided <p>The objectives were clearly written and measurable.</p>

**Survey Validation Worksheet
2009 CMFHP CAHPS Survey**

SURVEY ELEMENT

Activity 2: Survey Audience

2.1 Audiences for survey findings are identified.

The survey audiences identified by CMFHP included:

- Kansas Health Policy Authority (KHPA)
- Kansas Foundation for Medical Care (KFMC)
- CMFHP CEO, Directors and Board of Directors
- CMFHP Administrative Oversight Committee
- CMFHP subcontractors
- CMFHP employees
- CMFHP members
- CMFHP providers

These survey audiences appear to be appropriate.

Activity 3: Survey Instrument

3.1 If using an existing survey, there is evidence of its reliability.

The CAHPS survey tools were used by CMFHP. The CAHPS 4.0H Adult Medicaid Questionnaire was used for the HW19 adult population and the CAHPS 4.0H Child Medicaid Questionnaire (with Children with Chronic Conditions [CCC] Measurement Set) was used for the HW19 and HW21 Child populations. CAHPS is a set of survey tools developed to assess consumer satisfaction, and experiences with their health plan. It is a nationally standardized survey tool sponsored by the Agency for Healthcare Research (AHRQ) and co-developed with NCQA. The CAHPS survey instruments and reporting formats have undergone rigorous testing for reliability and validity, including focus group interviewing, cognitive interviewing, and field testing.

CMFHP included the following plan specific questions at the end of the questionnaires for all HealthWave populations:

- In the last 6 months, how many times did you go to the emergency room to get care (for your child) without first contacting your PCP or Plans' 24-hour Nurse Advice Line?
- CMFHP offers a 24-hour Nurse Advice Line. How satisfied are you with the service you (your child) received from the Nurse Advice Line?
- How would you rate the CMFHP Customer Service timeliness in responding to your request for information or help (for your child)?
- CMFHP has a website for members to use. How often did you find information on CMFHP Health Plan's website useful (for your child)?
- Would you recommend your (your child's) health plan to your family or friends?
- How would you rate the communication from your (your child's) health plan about the benefits, programs and services they offer?

All questions were worded appropriately and added in accordance with NCQA guidelines.

**Survey Validation Worksheet
2009 CMFHP CAHPS Survey**

SURVEY ELEMENT	
3.2	<p><i>If using an existing survey, there is evidence of its validity.</i></p> <p>The CAHPS survey instruments and reporting formats have undergone rigorous testing for reliability and validity, including focus group interviewing, cognitive interviewing, and field testing.</p>
3.3	<p><i>If using a newly developed survey, there is evidence that an individual with experience in survey design and methodology was involved in the development of the survey.</i></p> <p>NA</p>
3.4	<p><i>If using a newly developed survey, there is evidence of reliability testing.</i></p> <p>NA</p>
3.5	<p><i>If using a newly developed survey, there is evidence of validity testing.</i></p> <p>NA</p>
3.6	<p><i>If using an adapted survey, there is evidence that an individual with experience in survey design and methodology was involved in the adaptation and testing of the instrument.</i></p> <p>NA</p>
3.7	<p><i>If using an adapted survey, there is evidence of reliability testing.</i></p> <p>NA</p>
3.8	<p><i>If using an adapted survey, there is evidence of validity.</i></p> <p>NA</p>

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2009 CMFHP CAHPS Survey**

SURVEY ELEMENT

Activity 4: Sampling Plan

4.1 Population to be studied is clearly identified.

The study populations were clearly identified in each of the reports. The study populations are HW19 adults, HW19 children, and HW21 children enrolled as members of CMFHP who meet the 2009 CAHPS eligibility criteria. CMFHP also noted eligible members had to be currently enrolled at the time the survey was completed.

4.2 Sample frame is clearly defined and appropriate.

The following are the criteria/guidelines, based on HEDIS 2009, Volume 3: *Specifications for Survey Measures*:

1. Currently enrolled at the time the survey is completed
2. Enrolled 5 of the last 6 months of the measurement year (2008) and have no more than a one gap of up to 45 days in enrollment during any time from July through December
3. The child population should consist of members 17 years of age and younger as of December 31 of the measurement year
4. The adult population should consist of members 18 years of age and older as of December 31 of the measurement year
5. The sample should not include more than one person (adult or child) per household

CMFHP defined the sample frames for each of the HW19 Adult, HW19 Child and HW21 Child populations. The sample frames were selected using NCQA CAHPS survey criteria via NCQA accredited software. The sample frames are validated by CMFHP's certified HEDIS auditor before being submitted to TMG for sample selection. Sample frame details for each survey population are described below:

HW19 Adult

Adults ages 18 years or older, selected from CMFHP's membership database, were the population for the HW19 Adult CAHPS survey. The age range was determined using December 31 of the measurement year (2008). Eligible members were required to have been enrolled continuously in HW19 for six months with no more than one enrollment gap of up to 45 days. Any one day enrollment gap was considered administrative and did not exclude an enrollee. All retroactive enrollees were excluded, as allowed by the survey specification guidelines. CMFHP indicated 8,075 eligible members were included in the HW19 adult sampling frame.

HW19 Child

Children ages 0 – 17, selected from CMFHP's membership database, were the population for the HW19 Child CAHPS survey. The age range was determined using December 31 of the measurement year (2008). Eligible members were required to have been enrolled continuously in HW19 for six months with no more than one enrollment gap of up to 45 days. Any one day enrollment gap was considered administrative and did not exclude an enrollee. All retroactive enrollees were excluded. CMFHP indicated 53,195 eligible members were included in the HW19 Child sampling frame. After the general child sample selection, an additional group of child members with a claim status indicating a probable chronic condition as defined by NCQA, were randomly selected from the remaining population.

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HW21 Child

Children ages 0 – 17, selected from CMFHP’s membership database, were the population for the HW21 Child CAHPS survey. The age range was determined using December 31 of the measurement year (2008). Eligible members were required to have been enrolled continuously in HW21 for six months with no more than one enrollment gap of up to 45 days. Any one day enrollment gap was considered administrative and did not exclude an enrollee. All retroactive enrollees were excluded. CMFHP indicated 21,486 eligible members were included in the HW21 Child sampling frame. After the general child sample selection, an additional group of child members with a claim status indicating a probable chronic condition as defined by NCQA, were randomly selected from the remaining population.

TMG deduplicated the samples so that one household did not receive more than one survey. This was accomplished by selecting the adult sample first, then deduplicating the child populations using subscriber ID or household address, so that no children of the selected adult households were in the child samples.

The above defined sample frames are consistent with *HEDIS 2009, Volume 3: Specifications for Survey Measures*, clearly defined and appropriate.

4.3 *Sampling strategy (simple random, stratified random, non-probability) is appropriate to study question.*

A random sample was used to select participants for the HW19 Adult CAHPS survey. A stratified random sample was used to select participants for the HW19 and HW21 Child CAHPS surveys. Child members were randomly selected from the eligible general population. An additional group of eligible child members with a claim status of probable chronic condition, as defined by NCQA, was also randomly selected. The sampling strategy used by TMG, the NCQA-certified HEDIS Survey vendor, was consistent with NCQA protocol and appropriate.

4.4 *If random sampling is used, sampling process is valid.*

Documentation containing the details regarding the random sample selection process for the HW19 Adult CAHPS survey was provided in the TMG report and by CMFHP. The following information was provided regarding the random sampling process:

- CMFHP identified all HW19 adults eligible for the sample frame using the ViPS software, which is NCQA certified for producing CAHPS sample frames. The software identified 8,075 members in the sample frame.
- The integrity of the sample frame was reviewed and approved by CMFHP’s certified HEDIS auditor.
- CMFHP provided the approved sample frame to TMG.
- TMG staff created a “Database Clean-up and Sample Creation Worksheet.”
- The TMG Data Processing Analyst moved the database from the secure FTP site to a central location for clean-up and creation of the Raw Sample Statistics Report.
- The report was audited by a Senior Analyst before the sample was created.
- TMG selected a random sample for the survey.
- TMG deduplicated the sample so that only one adult member per household was included in the sample.
- The final sample of 1,350 HW19 Adults was audited by a Senior Analyst and approved.

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	<ul style="list-style-type: none"> • The Data Processing Analyst conducted a mail merge export. • The mail merge file is audited to verify plan name, sample number, sample size and random selection of records. <p>Since TMG is a certified HEDIS vendor, the random sampling process was viewed as valid.</p>
4.5	<p><i>If stratified random sampling is used, sampling process is valid.</i></p> <p>Documentation containing the details regarding the random sample selection process for the HW19 and HW21 Child CAHPS surveys was provided in the TMG report and by CMFHP. The following information was provided regarding the stratified random sampling process:</p> <ul style="list-style-type: none"> • CMFHP identified all HW19 and HW21 children eligible for the sample frame using the ViPS software, which is NCQA certified for producing CAHPS sample frames. The software identified 53,195 HW19 and 21,486 HW21 members in the sample frames. • The integrity of the sample frames were reviewed and approved by CMFHP’s certified HEDIS auditor. • CMFHP provided the approved sample frames to TMG. • TMG staff created a “Database Clean-up and Sample Creation Worksheet” for each sample frame. • The TMG Data Processing Analyst moved the databases from the secure FTP site to a central location for clean-up and creation of the Raw Sample Statistics Reports. • The reports were audited by a Senior Analyst before the samples were created. • TMG selected the stratified random samples for the surveys after deduplicating to ensure that no households selected in the adult sample would also receive a child sample. • A stratified random sample was used to select participants for the HW19 and HW21 Child CAHPS surveys. Child members were randomly selected from the eligible, general population. An additional group of eligible child members with a claim status of probable chronic condition as defined by NCQA, was also randomly selected. • The final samples of 1,650 HW19 General Child, 1,840 HW19 with probably chronic conditions, 1,650 HW21 General Child and 1,840 HW21 with probably chronic conditions were audited and approved by a Senior Analyst. • The Data Processing Analyst conducted a mail merge export. • The mail merge files were audited to verify plan name, sample number, sample size and random selection of records. <p>Since TMG is a certified HEDIS vendor, the stratified random sampling process was viewed as valid.</p>
4.6	<p><i>If non-probability sampling is used, there is clear and strong evidence why random sampling is not feasible.</i></p> <p>NA</p>
4.7	<p><i>Sample size is determined using reasonable statistical parameters and is appropriate to survey purpose and objectives.</i></p> <p>NCQA protocols specify the following sample sizes for Medicaid CAHPS surveys:</p> <ul style="list-style-type: none"> • Adult - 1,350

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<ul style="list-style-type: none"> • Child with CCC Measurement Set - 3,490 (1,650 general population + 1,840 children with probable chronic conditions based on claims data) <p>TMG reported selecting the following sample sizes:</p> <ul style="list-style-type: none"> • 1,350 HW19 Adults • 1,650 HW19 General Child • 1,840 HW19 CCC • 1,650 HW21 General Child • 1,840 HW21 CCC <p>The sample sizes were consistent with the NCQA protocols for each of the survey populations, so the sample sizes were viewed as appropriate.</p>	
<p>4.8 <i>Sample selection processes are sound.</i></p> <p>CMFHP prepared the sample frames. CMFHP used the ViPS software, which is NCQA certified, to identify the sample frames. The source of the sample frame was CMFHP's member files. The software identified the sample frames based on NCQA HEDIS specifications for age, continuous enrollment, current enrollment, coverage gaps and CCC status. In addition, the integrity of each sample frame was evaluated by CMFHP's HEDIS auditor. The purpose of the audit was to determine if the appropriate steps were followed in preparing the sample frames. Once the sample frames were deemed appropriate, CMFHP provided them to TMG. Since the ViPS software is NCQA-certified and the sample frames were approved by the HEDIS vendor, the sample selection processes were viewed as appropriate.</p>	
Activity 5: Response Rate	
<p>5.1 <i>Strategy for locating and contacting target respondents is in place. Specify if mail, phone, face-to-face, or combination strategy is used.</i></p> <p>HEDIS CAHPS protocol allows plans to select from two survey administration options, a five-wave mail only methodology or a mixed methodology (mail and telephone), which includes two questionnaire mailings, two reminder postcards, and a telephone follow-up. The reports indicated the CAHPS surveys were administered to the HW19 and HW21 populations using the mixed methodology and following the NCQA protocol.</p>	
<p>5.2 <i>Specifications for calculating raw and adjusted response rates are clear and appropriate.</i></p> <p>The HEDIS protocol for administration of Adult and Child Medicaid CAHPS 4.0H surveys define the calculation of response rates as follows:</p> <p style="text-align: center;"><u>Completed Mail and Telephone Surveys</u> Sample Size – Ineligible Members</p> <p>CMFHP noted TMG defined a complete and valid survey according to the NCQA definitions for the Adult and Child Medicaid CAHPS</p>	

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4.0H surveys. The NCQA definition requires 1) the member answers one or more survey questions and 2) the member responses indicate the member meets the eligible population criteria. The adult and child reports defined ineligible members as including those who are deceased, do not meet the eligible population criteria, have a language barrier, or are either mentally or physically incapacitated (adults only). This is consistent with the HEDIS protocols. All of the reports contain tables listing the number of ineligible members in each of the four disposition categories. While the HW19 and HW21 Child reports contained “mental/physically incapacitated” as a category, no cases were reported in this area.

The reports identified the following response rates:

HW19 Adult – 34.1% (406 responses from a sample of 1,350 minus 159 ineligibles)

HW19 General Child – 37.5% (568 responses from a sample of 1,650 minus 135 ineligibles)

HW21 General Child– 46.9% (705 responses from a sample of 1,650 minus 146 ineligibles)

HW19 CCC– The survey administrator did not calculate the response rate for the sample of children with probable chronic conditions since the denominator for this population cannot be determined

HW21 CCC– The survey administrator did not calculate the response rate for the sample of children with probable chronic conditions since the denominator for this population cannot be determined.

In the supplemental report CMFHP provided regarding the adult survey, in the formula at the top of page 11, the response rate appears to be incorrect for 2009 (the 2008 response rate still appears in the formula). In the detail immediately below the formula, the details for the 2008 and 2009 response rates both appear to be accurate when compared with data published in the TMG reports. The specifications for calculating raw and adjusted response rates were clear and appropriate for the populations.

5.3 *The response rate, potential sources of non-response and bias, and implications of the response rate for the generalizability of survey findings are assessed.*

According to the HEDIS CAHPS protocols, MCOs must achieve a minimum of 411 completed surveys, or 100 responses for each HEDIS survey question to report HEDIS survey results for that question. If the number of responses to any question is less than 100, results for that question are noted to be Not Applicable (NA). Each of the reports stated the target number of completed surveys was 411. Each report included discussion regarding the requirement of 100 responses for each survey question. The target of 411 surveys was met for the HW19 Child population (568) and the HW21 Child population (705); the target was not met for the HW19 Adult Population (406). Review of the question frequencies for the composite attribute and rating questions revealed at least 100 valid responses for the majority of questions. However, there were fewer than 100 responses for the following questions from the HW19 Adult survey:

- Q31. In the last 6 months, how often did your health plan’s customer service give you the information or help you needed?
- Q32. In the last 6 months, how often did your health plan’s customer service staff treat you with courtesy and respect?

There were fewer than 100 responses for the following questions from the HW19 Child survey, for the populations listed:

- Q16. 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? (General Child, CCC)
- Q18. In the last 6 months, how often was it easy to get special medical equipment or devices for your child? (General Child, CCC)
- Q21. In the last 6 months, how often was it easy to get special therapy for your child? (General Child, CCC)

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- Q24. In the last 6 months, how often was it easy to get treatment or counseling for your child? (General Child)
- Q44. In the last 6 months, how often was it easy to get appointments for your child with specialists? (General Child)
- Q46. 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 your specialist? (General Child)
- Q50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (General Child, CCC)
- Q51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (General Child, CCC)

There were fewer than 100 responses for the following questions from the HW21 Child survey, for the populations listed:

- Q16. 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? (General Child, CCC)
- Q18. In the last 6 months, how often was it easy to get special medical equipment or devices for your child? (General Child, CCC)
- Q21. In the last 6 months, how often was it easy to get special therapy for your child? (General Child, CCC)
- Q24. In the last 6 months, how often was it easy to get treatment or counseling for your child? (General Child)
- Q50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? (General Child)
- Q51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? (General Child)

The reports for all survey populations stated, "The demographic characteristics of respondents surveyed should be representative of your member population." TMG included a sampling error table in each of their reports that can be used to approximate the sampling error based on the number of valid responses to a question and the percentage of respondents selecting a given response, but did not calculate the sampling error for each question and response option. The sampling error is defined as the extent to which survey results may differ from what would be obtained if every eligible member in the sample had been surveyed. The size of the error depends on the percentage distributions and the number of members surveyed. The more disproportionate the percentage distributions or the larger the sample size, the smaller the error. The 95% confidence interval reflects on average, in 95 out of 100 samples, the true unknown population percentage.

Additionally, CMFHP noted that bias in sample selection is eliminated by utilizing only enrollment data and enrollment history. No claims data is incorporated into the calculation for the sample. This process and sample size was designed to guard against bias and minimize sampling error. HEDIS survey sample sizes were established with the goal of achieving 411 valid survey completes and are based on the average number of complete and valid surveys obtained by health plans in previous years. Most plans should obtain between 385 and 412 responses to achieve 95% confidence level and +/- 5% margin of error. TMG performs response/non-response bias analysis in order to validate that the responses received accurately reflect the demographic and eligibility characteristics of the sample population. CMFHP's HW19 Adult 4.0H CAHPS survey results are generalized for the HW19 Adult population. CMFHP's HW19 Child 4.0H CAHPS survey results are generalized for the HW19 Child population. CMFHP's HW21 Child 4.0H CAHPS survey results are generalized for the

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HW21 Child population. CMFHP identified no survey limitations.

Response rate data was reported by DSS Research for all child surveys mailed, and does not differentiate between the general child sample and CCC oversample. Though it would have been useful to have a separate response rate for reported for the general child group and the CCC oversample group, it appears the survey findings should be generalizable for all groups.

Activity 6: Data Preparation and Analysis

6.1 *Quality control procedures are in place, including administration of surveys; receipt of survey data; respondent information and assistance; coding, editing and entering data; and procedures for missing data and data that fails edits.*

The HEDIS 2009 Specifications for Survey Measures suggest the following:

- Use of a confidential tracking identification number, which is used to record member responses so follow-up mailings of questionnaires are only sent to nonrespondents
- Review each questionnaire for legibility and completeness. If member responses are ambiguous, a coding specialist employs decision rules documented in the Quality Assurance Plan.
- To ensure data quality, two separate data entry specialists must independently enter answers for each questionnaire. Comparison of the separate entries identifies data entry errors that need adjudication.
- Develop a written protocol of personnel training and quality control processes

The TMG reports stated that if a respondent did not respond to a particular question, the response is considered “missing.” If a respondent answered a question by marking more than one response, the response is considered a “multiple mark.” Missing or multiple mark responses are not considered valid and are not used in the analysis. The report does not contain reference to a tracking number system, coding decision rules, data quality checks, personnel training, or a written quality control process.

Additional information was provided by CMFHP regarding the quality control procedures that were in place involving survey administration and data management. Regarding quality control procedures used for respondent information and assistance, CMFHP noted, “The Myers Group’s 1-800 help line number is located on the survey cover letter and on the front of the survey. For plans that contracted for Spanish translations, NCQA has approved the Spanish text that is printed on the back of all letters to the member, which includes a separate 1-800 Spanish help line number. The help lines were established for survey respondents who have questions about the survey, their eligibility, or their health plan. The help lines are staffed from 9:00am to 8:00pm EST Monday through Friday.

Calls that come in after hours and on weekends are sent to voice mail. These calls will be returned within 24 hours after receipt or on Monday if left over the weekend. If questions cannot be answered during the initial call, the caller will receive the answer within 24 hours. If a respondent calls in during business hours and expresses the desire to respond via telephone, the respondent will be triaged to a CATI (Computer-Assisted Telephone Interviewing) interviewer. A contact log will be kept to document and track questions asked and answers provided to members calling the help lines. Call Center Staff are trained in NCQA CAHPS standards and have a list of frequently asked questions in our system for reference. In addition, our systems show the health plan’s toll-free customer service telephone number, which TMG requests from the plan at the beginning of the survey design process to have on record for those members with questions outside

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the scope of the CAHPS survey. Questions regarding the CAHPS survey, its purpose, how the member was selected, etc. are all answered based on these frequently asked questions and within the NCQA CAHPS guidelines and specifications. If a member contacts our help line about issues with their healthcare, benefits, etc. TMG Call Center Staff are instructed to direct the member to call the health plan's toll-free customer support number and provide that number to them if needed."

Additional information was provided by CMFHP regarding quality control procedures used for survey administration, such as training programs, address standardization, monitoring printing and mailing processes, etc. CMFHP noted, "Incoming mail and survey returns are processed and coordinated by TMG's full-service, on-site survey processing center. Incoming mail is opened, sorted, and entered into the Survey Management System (SMS) based on the mail type (returned surveys, bad addresses, change of addresses, and final dispositions). Once surveys are entered into the SMS to indicate they have been received, they are ready for the scanning process. The Survey Processing Center utilizes Cardiff's Teleform Enterprise Version 9 scanning software to process returned surveys. This "smart software" has Optical Character Recognition (OCR) as well as Optical Mark Recognition (OMR) capability allowing for greater flexibility in reading different types of marks such as hand print, machine print, optical marks, barcodes, and signatures. The software also has the ability to use customizable scripting, project level decision rules and controls based on type of project, several built-in quality checks to check for duplicate surveys, multiple marks, range limits, length limits, and field confidence settings. This is extremely efficient and ensures that only error-free data is captured. TMG also employs four high-speed Panasonic duplex scanners (KV-S2055 and KV-S3065). These scanners allow for greater efficiency and accuracy in the data capture process by providing TMG with high levels of power and flexibility. They are rated to scan 65 pages per minute and capable of binary or color imaging up to 600 DPI. These scanners are duplex enabled and allow TMG to capture images and data from both sides of the survey in one pass. They also allow scanning of a variety of paper sizes – standard and custom. This provides for greater data accuracy as there is no need to "break up" the scanning process by scanning one side and then the other or slicing of the survey to accommodate a standard pre-set paper size."

Additional information was provided by CMFHP regarding quality control procedures used for coding, editing and entering data, such as assignment of a disposition code to each survey, monitoring the accuracy of coding decision rules, and interpreting hand written comments. CMFHP noted, "At the conclusion of the data collection period, data cleaning, and editing routines are performed. The Myers Group also assesses the integrity of collected data and follows-up with survey respondents, if necessary. A final data file containing all received and validated member responses, and other required data elements associated with the administration of the survey, is created. Data from each survey methodology employed, i.e. CATI, mail, is combined into a single project file. A Final Disposition Assignment Program (FDAP) is run on the data. Once the scrub and load database processes are complete, The Myers Group audits the data by verifying the scripting (i.e. required data elements present for analysis and coding). Upon verification of the data, the database is sent to the Analytics department. The Analytics department reviews the member-level file generated from the database (i.e. checks header info, approved format, complete data set, etc.)."

In the event that a member has noted their personal thoughts via questions that allow for open-ended member responses, those comments are recorded verbatim or "word for word" on behalf of the health plan. TMG does not interpret member comments unless the health plan requests that TMG develop bucket categories into which verbatim comments are divided. Based on the additional information provided by CMFHP, the appropriate quality control procedures were in place.

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6.2 *Appropriate data preparation and analysis procedures are used.*

As a NCQA-certified HEDIS Survey Vendor, TMG is responsible for submitting clean member-level data files to NCQA for calculation of HEDIS survey results, in accordance with the HEDIS survey file layouts. The reports do not contain discussion regarding the data preparation plan. The reports described various methods used to display data and identify statistical significance and opportunities for improvement including: multiple linear regression analysis, correlation analysis, hypothesis testing, frequency distributions of survey questions, Z-test, mean of means method to evaluate composite scores, segmentation analysis based on respondent demographic information, key driver analysis, and attribute analysis of composites.

Additional information was provided by CMFHP regarding the data preparation and analysis procedures used for the surveys. CMFHP noted, "The Myers Group will report the responses to each survey. With regards to the CAHPS surveys, The Myers Group will submit CAHPS data to NCQA on behalf of the health plan and/or National CAHPS Benchmarking Database (NCBD) according to the scheduled deadline for participation. Reports submitted for the CAHPS survey responses will fully comply with NCQA format requirements and will be provided in the timeframe in the work plan. After the Analytics department performs an audit on the final data file, it is then prepared for analysis and reporting. The database is loaded into SPSS or other data format as may be required by the client. Once fully loaded into the system, the Analytics department analyzes the data and creates client reports. The final report includes a detailed description of the survey methodology and a comprehensive analysis of results. Benchmark and trending comparison charts and graphs are provided in addition to segmentation, key driver, and loyalty analysis when applicable. The Project Manager (PM) proofreads the final reports and checks spelling, omissions, continuity, etc. and verifies numbers and graphs against the data. With approval from the PM, the final versions of the reports are printed. The PM compiles the reports and sends the report and final data set to the client. The Myers Group will report the results to the client in a manner suitable for public reporting."

The TMG reports noted that the general child and CCC groups are not mutually exclusive groups. Results for both groups are reported, but differences between these groups were not tested for statistical significance.

Based on the additional information provided by CMFHP, the data preparation and analysis plans were methodologically sound.

6.3 *Final report provided understandable and relevant data.*

The reports were understandable, relevant and based on standard CAHPS reporting conventions including the following:

Composites

The Adult 4.0H and Child 4.0H CAHPS surveys included all composite categories specified in the NCQA guidelines. Each composite category represented an overall aspect of plan quality and was composed of related questions. The related questions (composite attributes) were shown individually. Five additional composites were calculated for the CAHPS 4.0H Child Survey (with CCC measurement set), which was referred to as the CCC measurement set composites. Summary rates were calculated for all composites and composite attributes and represent the most positive responses as specified by NCQA. The summary rates were used when statistical comparisons were made.

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Ratings

The Adult 4.0H and Child 4.0H CAHPS surveys included four questions where respondents are asked to assign a value ranging from 0-10, where a rating of 10 indicates the highest satisfaction. Summary rates were calculated for each of the four questions and represent the most positive responses as specified by NCQA. The summary rates were used when statistical comparisons were made.

Plan Specific Questions

Plan specific supplemental questions were added to the Adult 4.0H and Child 4.0H CAHPS surveys for all survey populations. These questions were designed to measure the following: the number of times care was sought in the emergency room because it was unavailable during regular office hours; level of satisfaction with 24-hour Nurse Advice line; level of satisfaction with Customer Service; rating of Customer Service timeliness in responding to requests for information or help; and usefulness of CMFHP's website. The additional questions are listed in section 3.1.

The reports were organized in an understandable manner consisting of 12 distinct sections. These sections included:

1. Executive Summary
2. Methodology
3. Trend Comparisons
4. Benchmark and Population Comparisons
5. Global Proportions and Three-Point Scores
6. Questions Summaries
7. Segmentation Analysis
8. Key Driver and Opportunity Analyses
9. CAHPS Improvement Strategies- Medicaid Plans
10. Technical Notes
11. Banner Tables
12. Glossary of Terms

Trending

Trending to compare the demographic attributes of the 2008 and 2009 respondents was provided for all populations. Trending to compare the 2008 and 2009 HW19 adult survey responses was provided. The change from the CAHPS Health Plan Survey 3.0H, Child Version to the CAHPS Health Plan Survey 4.0H, Child Version affected trending. Due to the change in survey version, trending comparisons were provided for some but not all items reported for the Child survey.

Benchmarking

Benchmarking was done for all five populations using composite, composite attribute and rating data. TMG reports contain benchmark comparisons of the CMFHP 2009 CAHPS results to the following data sources:

- 2008 Quality Compass
- 2009 TMG Book of Business
- 2008 National CAHPS Benchmarking Database
- 2008 CAHPS Booklet (Medicaid Child)

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- CMFHP CCC results to CMFHP General Population

Question Summaries

The question summaries section of the adult report contained benchmark comparisons to the 2009 TMG Book of Business and the 2008 Quality Compass for all survey questions. The question summaries section of the HW19 and HW21 general child reports contained benchmark comparisons for the 2009 TMG Book of Business for all survey questions. The question summaries section of the HW19 and HW21 CCC reports contained benchmark comparisons to the HW19 and HW21 General Child population and the TMG Book of Business for all survey questions.

Segmentation Analysis

TMG reports contained segmentation analysis of composite, composite attribute and rating questions for all survey populations. The demographic categories used in the analysis of the HW19 Adult population included age, education, ethnicity, race, health status, number of doctor or clinic visits and data collection mode (mail or telephone). The demographic categories used in the analysis of the HW19 and HW21 Child populations included respondent's age, respondent's education, child's health status, health plan rating, doctor rating, contact customer service, and received help from customer service.

Key Driver and Opportunity Analyses

TMG used regression analysis to determine the key drivers for selected rating questions for the Adult and General Child populations. A multiple linear regression was run on TMG's Book of Business (2009) for Medicaid Child and Adult plans to determine which composites were key drivers of rating of healthcare, rating of health plan and rating of personal doctor. The summary rates of these key drivers were compared to the 2009 Medicaid Book of Business, and depending on how these composite scores ranked, they were placed into one of three action categories:

1. Plan Strength (75th percentile or higher)
2. Plan Opportunity (below the 50th percentile)
3. Area to Monitor (between the 50th and 75th percentile)

The reports contained relevant information to assess satisfaction and identify opportunities for improvement.

Activity 7: EQRO Survey Validation Documentation

7.1 ***Assessment of the technical methods of survey implementation and analysis, and the survey's technical strengths and weaknesses.***

The strengths of the survey implementation and analysis include:

- Use of a 5-wave survey administration protocol, including two survey mailings, two reminder postcards, and a telephone follow-up call
- Use of a NCQA-certified HEDIS Survey vendor
- Use of a reliable analysis program (NCQA)
- Benchmark comparison to Quality Compass, TMG's Book of Business and NCBD data

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- Key driver and opportunity analysis
- Segmentation analysis

The weaknesses of the survey implementation and analysis include:

Activity 5: Response rate

- Less than 100 responses for the HW19 Adult population will impact reporting and comparative analysis of the Customer Service composite
- Less than 100 responses for the HW19 Child population will impact reporting and comparative analysis of the Customer Service Composite, Access to Specialized Services Composite, and Rating of Specialist
- Less than 100 responses for the HW21 Child population will impact reporting and comparative analysis of the Customer Service Composite and Access to Specialized Services Composite

Response rate data was reported by DSS Research for all child surveys mailed, and does not differentiate between the general child sample and CCC oversample. It would have been useful to have a separate response rate for reported for the general child group and the CCC oversample group.

Activity 6: Review of data preparation and analysis

Key driver and opportunity analysis are exclusively based on relationship to the benchmarks. (opportunities for improvement may not be highlighted if the benchmark scores are also low.)

7.2 ***Limitations and generalizability of survey findings.***

Limitation

A weakness in the survey methodology is using only benchmark data to identify opportunities for improvement.

Generalizability

The survey results are generalizable for the HW19 Adult, HW19 General Child, HW19 CCC, HW21 General Child and HW21 CCC populations.

- The ability to draw inferences to the HW19 Adult population based on survey findings may not be valid for the Customer Service Composite due to having less than 100 responses on related questions.
- The ability to draw inferences to the HW19 Child population based on survey findings may not be valid for the Customer Service Composite, Access to Specialized Services Composite, and Rating of Specialist due to having less than 100 responses on related questions.
- The ability to draw inferences for the HW21 Child population based on the survey findings may not be valid for the Customer Service Composite and the Access to Specialized Services Composite, due to having less than 100 responses on related questions.

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7.3 *Conclusions drawn from survey data.*

TMG reports contained the results of benchmarking, segmentation analysis, key driver and opportunity analysis. These findings are reviewed by CMFHP providers, members, subcontractors, the Administrative Oversight Committee, Directors, CEO and the Board of Directors. The findings are used internally for the following purposes:

- To capture accurate and complete information about consumer-reported experiences with healthcare
- To measure how well CMFHP is meeting members' expectations and goals
- To determine which areas of service have the greatest effect on member's overall satisfaction
- To identify areas of opportunity for improvement, which could aid CMFHP in increasing the quality of care provided

Conclusions

TMG's conclusions were noted in the reports. CMFHP also provided their interpretation of TMG's reports or their planned interventions for areas representing opportunities for improvement.

7.4 *Detailed assessment of each plan's/program's strengths and weaknesses with respect to (as appropriate) access, quality, and/or timeliness of healthcare furnished to Medicaid enrollees.*

The following strengths and opportunities relating to access quality, and timeliness were listed by CMFHP in their interpretation of and response to the TMG reports:

HW19 Medicaid Adult

CMFHP's strengths related to access, quality of care and timeliness of care include:

- Getting care, tests, or treatments necessary
- Obtaining needed care right away
- Obtaining care when needed, not when need right away
- Doctors showing respect for what you had to say
- Doctors listening carefully to you
- Doctors explaining things in an understandable way
- Doctors spending enough time with you
- Getting information/help from customer service
- Treated with courtesy and respect by customer service staff
- Health provider talked about pros and cons of choice of treatment
- Doctors or health providers asking which choice of treatment of healthcare was best for you
- Coordination of Care
- Rating of healthcare
- Rating of personal doctor
- Rating of the health plan

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CMFHP's opportunities related to access, quality of care and timeliness of care include:

- Increase member satisfaction with the ease of getting appointment with a specialist
- Increase member satisfaction with the rating of specialist
- Increase member satisfaction with the health promotion and education
- Increase member satisfaction with the Effectiveness of Care Measures:
 - Advising Smokers to Quit
 - Smoking Cessation-Medication
 - Smoking Cessation-Strategies

HW19 Medicaid Child

CMFHP's strengths related to access, quality of care and timeliness of care include:

- Getting care, tests, or treatments necessary
- Ease of getting appointment with a specialist
- Obtaining help from doctors or health providers in contacting child's school or daycare
- Doctors showing respect for what you had to say
- Doctors listening carefully to you
- Doctors explaining things in an understanding way
- Doctors spending enough time with your child
- Doctor talked about how child is feeling, growing, and behaving
- Doctor understands how these conditions affect child's day-to-day life?
- Doctor understands how these conditions affect family's day-to-day life?
- Treated with courtesy and respect by customer service staff
- Rating of personal doctor
- Rating of healthcare
- Rating of health plan
- Access to Prescription Medicine
- Ease of getting special medical equipment or devices
- Ease of getting treatment or counseling
- Family-Centered Care: Getting Needed Information
- Coordination of Care for Children with Chronic Conditions
- Obtaining needed care right away
- Obtaining care when needed not when needed [sic] right away

CMFHP's opportunities related to access, quality of care and timeliness of care include:

- Increase member satisfaction with rating of health plan specialists
- Increase member satisfaction with rating of healthcare coordination
- Increase member satisfaction with getting information/help from customer service

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HW21 CHIP Child

CMFHP's strengths related to access, quality of care and timeliness of care include:

- Getting care, tests, or treatments necessary
- Ease of getting appointment with a specialist
- Doctors showing respect for what you had to say
- Doctors listening carefully to you
- Doctors explaining things in an understanding [sic] way
- Doctors spending enough time with your child
- Doctor talked about how child is feeling, growing, and behaving
- Doctor understands how these conditions affect child's day-to-day life?
- Doctor understands how these conditions affect family's day-to-day life?
- Treated with courtesy and respect by customer service staff
- Rating of personal doctor
- Rating of specialist
- Rating of healthcare
- Rating of health plan
- Access to Prescription Medicine
- Family-Centered Care: Getting Needed Information
- Getting needed help from child's doctor or health providers in contacting child's school or daycare
- Obtaining needed care right away
- Obtaining care when needed not when needed [sic] right away

CMFHP's opportunities related to access, quality of care and timeliness of care include:

- Increase member satisfaction with getting information/help from customer service for all HW21 members
- Increase member satisfaction with shared decision making for all HW21 members
- Increase member satisfaction with health promotion and education for all HW21 members
- Increase member satisfaction with coordination of care for children with chronic care conditions
- Doctor's office or clinic helped coordinate child's care among different providers of services
- Increase member satisfaction with access to specialized services
- Increase member satisfaction with coordination of care for children with chronic conditions

7.5 Comparative information about all plans/programs (as directed by the State).

TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS

In order to make plan/program comparisons, question-level survey results were obtained for each Kansas Medicaid and CHIP plan. In

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In addition, regional and national benchmarking data was obtained from the NCBDB database. The plan/program level data and benchmarking data was consolidated into analysis files so that statistical testing could be completed, differences identified, and question-level data could be displayed in graphical and tabular formats. Results of comparisons were statistically significant if the resulting p-values were less than 0.05. Statistically significant differences are discussed below in the data findings for ratings, composites, access to care measures, quality of care measures, and timeliness of care measures.

Results of selected survey ratings, composites, and questions relating to access, quality and timeliness of care are graphically displayed in Attachment A of this report. Statistically significant differences are not displayed in Attachment A, but are provided in Attachment B. The three smoking cessation measures included in the quality of care measures category were calculated using a two-year average. In addition, some of the survey populations displayed in the graphs are the result of combining other categories. For example, the UniCare overall category results from combining UniCare HW19 and UniCare HW21 and the HW overall category results from combining CMFHP HW19, CMFHP HW21, UniCare HW19 and UniCare HW21. When categories were combined, weighting was used to ensure that responses from subgroups are weighted in the same proportion as those subgroups appear in the overall population. For example, since there are more children in HW19 than in HW21, the survey results for HW19 were weighted heavier than the results for HW21 in the HW overall category.

In the graphical display, “response frequency” represents the total number of responses to the survey question represented. Response frequencies were not reported for categories that were created using the weighted analysis. Background information for each of the data sources used for this portion of the report is provided below:

CMFHP CAHPS Survey

CMFHP survey findings were provided in three separate reports, representing the following population categories:

- HW19 Adult
- HW19 General Child and CCC
- HW21 General Child and CCC

In addition to the reports, CMFHP provided a data file with member-level results to be used for the comparison analysis. Additional details regarding the CMFHP CAHPS methodology are available in Attachment C of this report.

UniCare CAHPS Survey

UniCare survey findings were provided in three separate reports, representing the following population categories:

- HW19 Adult
- HW19 General Child and CCC
- HW21 General Child and CCC

In addition to the reports, UniCare provided a data file with member-level results to be used for the comparison analysis. Additional details regarding the UniCare CAHPS methodology are available in Attachment D of this report.

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HCK CAHPS Survey

KFMC provided findings to KHPA for 2009 CAHPS in the report titled "HealthConnect Kansas CAHPS Survey," which was submitted 7/30/2009. The report findings represented the following population categories:

- Medicaid Adult
- Medicaid General Child and CCC

Some HCK composites that were designated Not Reportable (NR) in the July HCK CAHPS report are included in this comparison report. This is due to a difference in how response frequency was calculated for composites. In the July HCK CAHPS report, the average number of responses across the composite attribute questions was used. In this report, the total number of surveys with a response to one or more of the composite attribute questions was used. This method maximizes the number of reportable composites and is consistent with the reporting rules used by both plan's CAHPS vendors.

Additional details regarding the HCK CAHPS methodology are available in the report "HealthConnect Kansas CAHPS Survey."

NCBD Database

KFMC submitted HCK CAHPS survey data to the NCBD database as directed by KHPA. Submission to NCBD allows use of NCBD data to cross-check KFMC's survey results with the benchmark data collected by NCBD. As a benefit of participation, KFMC received access to NCBD's data through their 2009 CAHPS Health Plan Survey Database. This database contains the Midwest Regional and National results that were used for the regional and national comparisons. The Midwest Region data is comprised of data reported by Medicaid plans in 12 states (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin). The National data is comprised of all data reported nationally by 126 Medicaid plans reporting adult Medicaid survey data and 107 Medicaid plans submitting Child Medicaid survey data to NCBD.

NCBD results for questions unique to the CCC population (Personal Doctor Who Knows Child, Access to Specialized Services, and Coordination of Care) were not available, so regional and national comparisons were not completed for these measures. NCBD data for CHIP was not available, so the HW21 results were compared to the NCBD Medicaid benchmarks.

United States Federal Statistics

Comparative demographic data for Kansas (2000 and 2007) and the United States (2000) is displayed in Attachment A, Tables 3 and 4. This data was compiled from multiple sources including the US Census, State and County Quick Facts Report; Kansas BRFSS, from the Kansas Department of Health and Environment website; and the Kansas Data Consortium, Kansas Health Indicators Report.

DESCRIPTION OF DATA FINDINGS

Response Rates (Attachment A, Tables 1 and 2)

HCK response rates were lower than CMFHP's and UniCare's response rates for both the adult and child surveys. This is due to differences in how the surveys are fielded. Both CMFHP's and UniCare's vendors use a mixed methodology including multiple survey mailings, reminders and a telephone follow-up. The HCK surveys were fielded using a two-wave mail only methodology. There were more

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complete and valid adult surveys reported for HCK than for CMFHP and UniCare, due to oversampling of the HCK adult population. CHIP (HW21) response rates were higher than Medicaid (HW19) response rates for both CMFHP and UniCare.

Respondent Demographics (Attachment A, Tables 3 and 4)

- HCK adult survey respondents were much less likely to report their health status as being very good or excellent than CMFHP or UniCare adult survey respondents. This may be due to differences in eligibility criteria for these programs. All Kansas Medicaid plans/programs were less likely to report their health status as being very good or excellent than the general population in Kansas and the Nation.
- HCK adult survey respondents were more likely to report having less than a high school education than CMFHP or UniCare adult survey respondents. Respondents from each of the Kansas Medicaid plans/programs were more likely than the general population in Kansas and the Nation to report having less than a high school education.
- HCK adult survey respondents were less likely to report having Hispanic ethnicity than CMFHP or UniCare adult survey respondents. Fewer respondents from Kansas Medicaid plans/programs reported Hispanic ethnicity than the Medicaid NCBD benchmark. The Kansas Medicaid adult respondents reported Hispanic ethnicity in similar proportions to the general population in Kansas and the Nation.
- A higher number of adult survey respondents from each of the Kansas Medicaid plans/programs indicated having three or more doctor or clinic visits than the Medicaid NCBD benchmark.
- HCK child survey respondents were more likely to report having less than a high school education than respondents from other Kansas plans.
- HCK child survey respondents were the most likely to report Hispanic ethnicity, and CMFHP members were the least likely to report Hispanic ethnicity. All Kansas plan's/program's survey respondents reported Hispanic ethnicity more frequently than the general population in Kansas and the Nation.

Ratings

Rating of Health Plan (Attachment A, Table 5)

HCK

- HCK adult survey respondents were less likely than HW19 adults and Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.
- HCK general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.
- HCK CCC survey respondents were less likely than HW19 CCC respondents to rate their health plan a 9 or 10.

CMFHP

- CMFHP adult survey respondents were more likely than UniCare adult survey respondents and Medicaid consumers in the Midwest Region and the Nation, to rate their health plan a 9 or 10.
- CMFHP HW19, HW21 and CMFHP overall general child survey respondents were more likely than Medicaid consumers in the

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Midwest Region and Nation to rate their health plan a 9 or 10.

- CMFHP HW19, HW21 and CMFHP overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- CMFHP HW21 CCC survey respondents were more likely than UniCare HW21 CCC respondents to rate their health plan a 9 or 10.

UniCare

- UniCare adult survey respondents were less likely than CMFHP adult survey respondents to rate their health plan a 9 or 10.
- UniCare HW19, HW21 and UniCare overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- UniCare HW19 and UniCare overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- UniCare HW21 CCC survey respondents were less likely than CMFHP HW21 CCC survey respondents, but more likely than Medicaid consumers in the Midwest Region, to rate their health plan a 9 or 10.

Kansas HealthWave

- HW19 adult survey respondents were more likely than HCK adults, and Medicaid consumers in the Midwest Region and the Nation, to rate their health plan a 9 or 10.
- HW19, HW21 and HW overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.
- HW19, HW21 and HW overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.

Rating of Healthcare (Attachment A, Table 6)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 and CMFHP overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.
- CMFHP HW21 CCC survey respondents were more likely than UniCare HW21 CCC respondents, and Medicaid consumers in the Midwest Region and the Nation, to rate their healthcare a 9 or 10.
- CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.

UniCare

- UniCare HW19 and UniCare overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to rate their healthcare a 9 or 10.

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Kansas HealthWave

- HW19, HW21 and HW overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.
- HW21 and HW overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.

Rating of Personal Doctor (Attachment A, Table 7)

HCK

- HCK adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region with their personal doctors.

CMFHP

- CMFHP overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.

UniCare

- UniCare adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region with their personal doctors.
- UniCare HW19 and UniCare overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.

Kansas HealthWave

- HW19 and HW overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.
- HW19 and HW overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.

Rating of Specialist Seen Most Often (Attachment A, Table 8)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 CCC survey respondents were less satisfied with the specialist seen most often than CMFHP HW21 respondents, UniCare HW19 respondents and Medicaid consumers in the Nation.

UniCare

- UniCare HW19 CCC survey respondents were more satisfied with the specialist seen most often than CMFHP HW19 respondents.
- UniCare CCC respondents overall were more satisfied with the specialist seen most often than Medicaid consumers in the Midwest Region.

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Kansas HealthWave

- No statistically significant findings were identified.

General Composites

Getting Needed Care (Attachment A, Table 9)

HCK

- HACK adult survey respondents were more satisfied than Medicaid consumers in the Nation with getting needed care.

CMFHP

- CMFHP HW19, HW21, and CMFHP overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.
- CMFHP HW19 CCC survey respondents were less satisfied than CMFHP HW21 CCC respondents with getting needed care.
- CMFHP HW21 CCC survey respondents were more satisfied than UniCare HW21 CCC respondents with getting needed care.
- CMFHP HW21 CCC and CMFHP overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.

UniCare

- UniCare HW19 and UniCare overall CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting needed care.
- UniCare HW21 CCC respondents were less satisfied than CMFHP HW21 CCC respondents with getting needed care.

Kansas HealthWave

- HW19, HW21, and HW overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.
- HW21 and HW overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.
- HW19 CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting needed care.

Getting Care Quickly (Attachment A, Table 10)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19, HW21, and CMFHP overall CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting care quickly.

UniCare

- No statistically significant findings were identified.

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SURVEY ELEMENT

Kansas HealthWave

- HW19, HW21, and HW overall CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting care quickly.

How Well Doctors Communicate (Attachment A, Table 11)

HCK

- HACK adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region and the Nation with how well doctors communicate.

CMFHP

- CMFHP adult survey respondents were more satisfied than UniCare adult survey respondents with how well doctors communicate.
- CMFHP HW21 general child survey respondents were more satisfied than UniCare HW21 general child respondents with how well doctors communicate.
- CMFHP overall general child respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with how well doctors communicate.
- CMFHP HW21 CCC respondents were more satisfied than UniCare HW21 CCC respondents with how well doctors communicate.

UniCare

- UniCare adult survey respondents were less satisfied than CMFHP adult respondents, and Medicaid consumers in the Midwest Region and Nation, with how well doctors communicate.
- UniCare HW21 general child survey respondents were less satisfied than CMFHP HW21 general child respondents with how well doctors communicate.
- UniCare HW21 CCC survey respondents were less satisfied than CMFHP HW21 CCC respondents with how well doctors communicate.

Kansas HealthWave

- No statistically significant findings were identified.

Customer Service (Attachment A, Table 12)

HCK

- HACK adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region and the Nation with customer service.

CMFHP

- No statistically significant findings were identified.

UniCare

- UniCare HW21 general child survey respondents were more satisfied than Medicaid consumers in the Nation with customer service.

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Kansas HealthWave

- No statistically significant findings were identified.

Shared Decision Making (Attachment A, Table 13)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult survey respondents were more likely than UniCare adults and Medicaid consumers in the Midwest Region and the Nation to report shared decision making.
- CMFHP HW21 general child respondents were more likely than UniCare HW21 general child respondents to report shared decision making.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report shared decision making.
- CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report shared decision making.

UniCare

- UniCare adult survey respondents were less likely than CMFHP adults to report shared decision making.
- UniCare HW21 general child respondents were less likely than CMFHP HW21 general child respondents, and Medicaid consumers in the Midwest Region and the Nation, to report shared decision making.
- Unicare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report shared decision making.

Kansas HealthWave

- HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report shared decision making.

CCC Composites

Access to Specialized Services (Attachment A, Table 14)

- No statistically significant findings were identified.

Personal Doctor Who Knows Child (Attachment A, Table 15)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 general child respondents were more likely than CMFHP HW21 general child respondents to report having a personal doctor who knows the child.
- CMFHP HW19 general child respondents were more likely than UniCare HW19 general child respondents to report having a personal doctor who knows the child.

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UniCare

- UniCare HW19 general child respondents were less likely than CMFHP HW19 general child respondents to report having a personal doctor who knows the child.

Kansas HealthWave

- No statistically significant findings were identified.

Coordination of Care (Attachment A, Table 16)

HCK

- HCK CCC respondents were less likely than HW19 CCC respondents to report coordination of care.

CMFHP

- CMFHP HW19 general child respondents were more likely than UniCare HW19 general child respondents to report coordination of care.

UniCare

- UniCare HW19 general child respondents were less likely than CMFHP HW19 general child respondents to report coordination of care.

Kansas HealthWave

- HW19 CCC respondents were more likely than HCK CCC respondents to report coordination of care.

Access to Care Measures

Easy to Get Appointments with Specialists (Attachment A, Table 17)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- CMFHP HW19 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get appointments with specialists.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents, and Medicaid consumers in the Midwest Region and the Nation, to report it was easy to get appointments with specialists.
- CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.

UniCare

- Unicare HW19 and UniCare overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get

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appointments with specialists.

Kansas HealthWave

- HW21 and HW overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- HW21 and HW overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- HW21 CCC respondents were more likely than Medicaid consumers in the Midwest Region to report it was easy to get appointments with specialists.

Easy to Get Necessary Care, Tests and Treatment (Attachment A, Table 18)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 general child respondents were more likely than UniCare HW19 general child respondents to report it was easy to get necessary care, tests and treatment.
- CMFHP HW19, HW21 and CMFHP overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report it was easy to get necessary care, tests and treatment.
- CMFHP HW19, HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.

UniCare

- UniCare HW19 general child respondents were less likely than CMFHP HW19 general child respondents to report it was easy to get necessary care, tests and treatment.
- Unicare HW21 and UniCare overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get necessary care, tests, and treatment.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get necessary care, tests and treatment.
- UniCare overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get necessary care, tests, and treatment.

Kansas HealthWave

- HW19, HW21 and HW overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.
- HW19, HW21 and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.

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Customer Service Gave Necessary Information/Help (Attachment A, Table 19)

HCK

- No statistically significant findings were identified.

CMFHP

- No statistically significant findings were identified.

UniCare

- UniCare HW21 general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report customer service always gave the necessary help and information.

Kansas HealthWave

- No statistically significant findings were identified.

Doctor Seemed Informed and Up-to-Date About Care Received from Other Providers (Attachment A, Table 20)

HCK

- No statistically significant findings were identified.

CMFHP

- No statistically significant findings were identified.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW21 CCC respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors seemed informed and up-to-date about care received from other providers.

Has a Personal Doctor (Attachment A, Table 21)

HCK

- HCK adult survey respondents were more likely than HW19 adults to report having a personal doctor.

CMFHP

- No statistically significant findings were identified.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW19 adults were less likely than HCK adults to report having a personal doctor.

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SURVEY ELEMENT

Quality of Care Measures

Doctors Listened Carefully (Attachment A, Table 22)

HCK

- HCK adult survey respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report their doctors listened carefully.
- HCK CCC survey respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report their doctors listened carefully.

CMFHP

- CMFHP adult survey respondents were more likely than UniCare adults to report their doctors listened carefully.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report their doctors listened carefully.

UniCare

- UniCare adult survey respondents were less likely than CMFHP adults, and Medicaid consumers in the Midwest Region and the Nation, to report their doctors listened carefully.
- UniCare HW19, HW21 and overall CCC survey respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report their doctors listened carefully.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report their doctors listened carefully.

Kansas HealthWave

- No statistically significant findings were identified.

Doctors Respected Your Comments (Attachment A, Table 23)

HCK

- HCK adults were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors respected their comments.

CMFHP

- CMFHP adults were more likely than UniCare adults to report doctors respected their comments.

UniCare

- UniCare adults were less likely than CMFHP adults to report doctors respected their comments.

Kansas HealthWave

- No statistically significant findings were identified.

Doctors Spent Enough Time (Attachment A, Table 24)

HCK

- No statistically significant findings were identified.

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CMFHP

- CMFHP adults were more likely than UniCare adults to report doctors spent enough time.
- CMFHP HW21 general child respondents were more likely than UniCare HW21 general child respondents, and Medicaid consumers in the Nation, to report doctors spent enough time.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors spent enough time.

UniCare

- Unicare adults were less likely than CMFHP adults and Medicaid consumers in the Midwest Region and the Nation, to report doctors spent enough time.
- Unicare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors spent enough time.
- Unicare HW21 general child respondents were less likely than CMFHP HW21 general child respondents, and Medicaid consumers in the Midwest Region and the Nation, to report doctors spent enough time.
- Unicare general child respondents overall were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors spent enough time.
- Unicare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report doctors spent enough time.

Kansas HealthWave

- No statistically significant findings were identified.

Doctors Explained Things Clearly (Attachment A, Table 25)

HCK

- HCK adults were less likely than HW19 adults and Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- HCK general child respondents were less likely than HW19 general child respondents and Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- HCK CCC respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.

CMFHP

- CMFHP adults were more likely than UniCare adults and Medicaid consumers in the Nation to report doctors explained things clearly.
- CMFHP HW19, HW21 and CMFHP overall general child respondents were more likely than their UniCare counterparts to report doctors explained things clearly.
- CMFHP HW19 and CMFHP overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- CMFHP HW21 general child respondents were more likely than Medicaid consumers in the Nation to report doctors explained things clearly.
- CMFHP HW19 and HW21 CCC respondents were more likely than their UniCare CCC counterparts to report doctors explained things clearly.
- CMFHP HW21 CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report

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doctors explained things clearly.

UniCare

- UniCare adults were less likely than CMFHP adults, and Medicaid consumers in Midwest Region and the Nation, to report doctors explained things clearly.
- UniCare HW19, HW21 and UniCare overall general child respondents were less likely than their CMFHP general child counterparts to report doctors explained things clearly.
- Unicare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- UniCare overall general child respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.
- UniCare HW19 and HW21 CCC respondents were less likely than their CMFHP counterparts to report doctors explained things clearly.
- UniCare HW19 and UniCare overall CCC respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.

Kansas HealthWave

- HW19 adult and general child respondents were more likely than HCK respondents to report doctors explained things clearly.

Doctors Discussed Pros and Cons of Treatment Choices (Attachment A, Table 26)

HCK

- HCK CCC respondents were less likely than HW19 respondents to report doctors discussed the pros and cons of treatment choices.

CMFHP

- CMFHP HW21 general child respondents were more likely than UniCare HW21 general child respondents to report doctors discussed the pros and cons of treatment choices.
- CMFHP HW19, HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report doctors discussed the pros and cons of treatment choices.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors discussed the pros and cons of treatment choices.
- CMFHP HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to report doctors discussed the pros and cons of treatment choices.

UniCare

- UniCare HW21 general child respondents were less likely than CMFHP HW21 general child respondents, and Medicaid consumers in the Midwest Region and Nation, to report doctors discussed the pros and cons of treatment choices.
- UniCare HW19 CCC respondents were more likely than Medicaid consumers in the Nation to report doctors discussed the pros and cons of treatment choices.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report doctors discussed the pros and cons of treatment choices.

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Kansas HealthWave

- HW19 and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed the pros and cons of treatment choices.
- HW19 CCC respondents were more likely than HCK CCC respondents to report doctors discussed the pros and cons of treatment choices.

Doctors Asked Consumer Which Treatment Choice They Thought Was Best (Attachment A, Table 27)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adults were more likely than UniCare adults and Medicaid consumers in the Midwest Region and Nation to report doctors asked which treatment choice they thought was best.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors asked which treatment choice they thought was best.

UniCare

- UniCare adults were less likely than CMFHP adults to report doctors asked which treatment choice they thought was best.
- UniCare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors asked which treatment choice they thought was best.
- UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and Nation to report doctors asked which treatment choice they thought was best.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents, and Medicaid consumers in the Midwest Region and Nation, to report doctors asked which treatment choice they thought was best.

Kansas HealthWave

- HW19 adult respondents were more likely than Medicaid consumers in the Midwest Region and Nation to report doctors asked which treatment choice they thought was best.

Doctor Discussed What You Can Do to Prevent Illness (Attachment A, Table 28)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors discussed what to do to prevent illness.
- CMFHP HW19 and overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.

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UniCare

- UniCare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors discussed what to do to prevent illness.
- UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- UniCare HW19 CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents and Medicaid consumers in the Midwest Region and the Nation, to report doctors discussed what to do to prevent illness.

Kansas HealthWave

- HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- HW19 and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.

Smoking Cessation: Advised to Quit (Attachment A, Table 29)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors advised them to quit.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors advised them to quit.

Smoking Cessation Medications Discussed (Attachment A, Table 30)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation medications.

UniCare

- UniCare adult smokers were less likely than Medicaid consumers in the Midwest Region to report doctors discussed smoking

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cessation medications.

Kansas HealthWave

- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation medications.

Smoking Cessation Strategies Discussed (Attachment A, Table 31)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation strategies.

UniCare

- UniCare adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation strategies.

Kansas HealthWave

- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation strategies.

Timeliness of Care Measures

Got Care for Illness/Injury as Soon as Needed (Attachment A, Table 32)

- No statistically significant findings were identified.

Got Non-Urgent Appointment as Soon as Needed (Attachment A, Table 33)

HCK

- HCK adults were more likely than Medicaid consumers in the Nation to indicate they got a non-urgent appointment as soon as needed.

CMFHP

- CMFHP HW19, HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to indicate they got a non-urgent appointment as soon as needed.
- CMFHP HW19 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

UniCare

- UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

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Kansas HealthWave

- HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.
- HW19, HW21 and HW overall CCC respondents were more likely than Medicaid consumers in the Nation to indicate they got a non-urgent appointment as soon as needed.
- HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

7.6 **Recommendations for future action.**

HW19 Medicaid Adult Recommendations (Internal recommendations from CMFHP reports)

CMFHP's CAHPS Survey validation and administration:

1. Continue assurance of plan specific questions that are consistent with the CAHPS questions for all future surveys.
2. Continue to assess oversampling options for future surveys to obtain the NCQA recommended sample size and increase the odds of obtaining more than 100 valid and complete responses for all survey questions.
3. Consider development of internal target satisfaction goals in addition to benchmark data for identification of improvement opportunities and to enhance health plan performance strategies.
4. Evaluate internal processes to identify opportunity to decrease non-responses to survey.
5. Evaluate internal processes to identify opportunity to decrease ineligibles from survey.

HW19 Medicaid Child Recommendations (Internal recommendations from CMFHP reports)

CMFHP's CAHPS Survey validation and administration:

1. Continue assurance of plan specific questions that are consistent with the CAHPS questions for all future surveys.
2. Continue to assess oversampling options for future surveys to obtain the NCQA recommended sample size and increase the odds of obtaining more than 100 valid and complete responses for all survey questions.
3. Consider development of internal target satisfaction goals in addition to benchmark data for identification of improvement opportunities and to enhance health plan performance strategies.

HW21 CHIP Child Recommendations (internal recommendations from CMFHP reports)

CMFHP's CAHPS Survey validation and administration:

1. Continue assurance of plan specific questions that are consistent with the CAHPS questions for all future surveys.
2. Continue to assess oversampling options for future surveys to obtain the NCQA recommended sample size and increase the odds of obtaining more than 100 valid and complete responses for all survey questions.
3. Assess need for internal target satisfaction goals in addition to benchmark data for identification of improvement opportunities and to enhance health plan performance strategies.

KFMC Recommendations (from validation and cross-plan/program comparisons)

1. All three plans/programs had too few responses to report the customer service composite for at least one population group. Consider using a two-year average, as is used for the smoking cessation measures, as a strategy for reporting this measure next

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- year.
2. Request each MCO submit response rate information specific to each sample, including HW19 Adult, HW19 General Child, HW19 Supplemental CCC sample, HW21 General Child, and HW21 Supplemental CCC sample.
 3. Ask each MCO to consider use of internal target satisfaction goals in addition to benchmark data for identification of opportunities for improvement.
 4. Ask individual plans/programs to review comparison results specific to their plan/program to identify other potential improvements.
 5. Require an MCO response to their vendor's CAHPS survey report findings as a deliverable for each plan in 2010.
 6. Focus statewide improvement efforts on areas identified as Kansas HealthWave opportunities for improvement, including: doctors discussed what to do to prevent illness and smoking cessation.
 7. Focus statewide improvement efforts on areas identified by two or more Kansas Medicaid/CHIP plans/programs as opportunities for improvement, including: satisfaction with personal doctor; how well doctors communicate; doctors listen carefully; doctors respect your comments; doctors explain things clearly; and doctors discuss the pros and cons of treatment choices.
 8. Schedule a meeting that includes representatives from each Kansas Medicaid/CHIP plan/program to discuss the cross-plan/program comparison results. During this meeting, explore joint interventions to address the areas for improvement that apply all Kansas Medicaid/CHIP plans/programs.
 9. Consider member education to address issues with understanding of information received from providers.
 10. Encourage each plan to share results of the cross-plan/program comparisons with their providers.

Attachment D

UniCare Validation Worksheet

**Survey Validation Worksheet
2009 UniCare CAHPS Survey**

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Activity 1: Survey Purpose and Objective	
1.1	<p><i>There is a written statement of survey purpose that addresses access, timeliness, and/or quality of care.</i></p> <p>DSS Research, a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS) Survey Vendor, was selected by UniCare to conduct the 2009 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys. UniCare provided three separate DSS Research reports for the three survey groups: Adult Medicaid, Child Medicaid and CHIP. The three reports contained the following population categories: HealthWave 19 (HW19) Adult; HW19 general child; HW19 Child with Chronic Conditions (CCC); Healthwave 21 (HW21) general child; and HW21 CCC. The reports do not contain specific purpose statements; however, an implied purpose is to achieve NCQA accreditation.</p>
1.2	<p><i>Units of analysis are clearly stated and include individual MCOs/PIHPs.</i></p> <p>The units of analysis were UniCare child members in the HW19 and HW21 programs, and UniCare adult members in the HW19 program.</p>
1.3	<p><i>Study objectives are clear, measurable, and in writing.</i></p> <p>Study objectives were provided in the DSS Research reports. DSS Research stated objectives for the adult survey included:</p> <ul style="list-style-type: none"> • Determination of member ratings of their health plan overall, overall healthcare provided, their personal doctor overall and specialist care overall • Assessment of member perceptions related to customer service, getting needed care, getting care quickly, how well doctors communicate, shared decision making, coordination of care and health promotion and education • Evaluation of assistance with smoking cessation measures • Standard measurement of all areas mentioned to facilitate meaningful comparisons among health plans that wish to disclose their data to healthcare consumers <p>DSS Research stated objectives for the child surveys included:</p> <ul style="list-style-type: none"> • Determination of member ratings of their health plan overall, overall healthcare provided, their personal doctor overall and specialist care overall • Assessment of member perceptions related to customer service, getting needed care, getting care quickly, how well doctors communicate, courteous and helpful office staff and chronic conditions measures • Standard measurement of all areas mentioned to facilitate meaningful comparisons among health plans that wish to disclose their data to healthcare consumers <p>These written objectives are clear and measurable.</p>

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Activity 2: Survey Audience

2.1 *Audiences for survey findings are identified.*

The 2009 DSS Research reports identify the survey audience as UniCare Health Plan of Kansas, Inc. Additional information, provided by UniCare, indicated intended audiences included NCQA (for accreditation), members, physicians and state regulatory agencies. All survey audiences appear to have been identified.

During the 2009 review, KFMC requested further information about which UniCare departments were designated to receive the CAHPS survey results and who was responsible for identifying, implementing and monitoring any necessary interventions. Janice McCormick, UniCare's Manager, Clinical Quality, responded with the following details, "The Quality Management department received the 2009 CAHPS survey results. The 2009 CAHPS results for UniCare were compared with the external benchmarks provided by the NCQA 2008 CAHPS 4.0H National Medicaid average data from Quality Compass. At the time of first receipt the 2008 Quality Compass results were the most recent available.

UniCare also compares its results with prior year plan results, noting any statistically significant changes. It is also important to follow any statistically significant differences between the general and the CCC populations surveyed on the Child versions.

UniCare presents the analysis reports at the Quality Intervention Strategies Committee (QISC) and Physicians Quality Improvement Committee (PQIC) meetings. These actions are accomplished with input from the members of those committees: 1) Identification of opportunities for improvement and 2) Setting of priorities and selection of opportunities to pursue based on the analysis of the reporting year 2009 CAHPS Survey results.

In addition to the QISC and PQIC, we have a Quality Improvement CAHPS Team, composed of cross-functional representatives who are responsible for the areas that carry out the activities that are included in member satisfaction ratings, for instance, Customer Service, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Office Staff Treated with Courtesy and Respect. This team makes recommendations to the QISC and PQIC. It also carries out the approved interventions and provides status reports for the interventions."

Activity 3: Survey Instrument

3.1 *If using an existing survey, there is evidence of its reliability.*

The CAHPS survey tools were used for the survey. The CAHPS 4.0H Adult Medicaid Questionnaire was used for the HW19 Adult population and the CAHPS 4.0H Child Medicaid Questionnaire (with CCC Measurement Set) was used for the HW19 and HW21 Child populations. CAHPS is a set of survey tools developed to assess consumer satisfaction, and experiences with their health plan. It is a nationally standardized survey tool sponsored by the Agency for Healthcare Research (AHRQ) and co-developed with NCQA.

UniCare added the following plan specific questions to the standard Adult CAHPS survey:

- Q29a. Where did you look for information regarding how your health plan works?
- Q29b. Did you find what you were looking for?
- Q29c. What information did you look for?

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- Q29d. Was the information you looked for clear and easy to understand?
- Q35a. Which of the following contributed most to you rating your health plan the way you did?
- Q35b. After receiving care in the last 6 months, how helpful was the explanation of benefits statement in understanding what was covered by your health plan?
- Q35c. In the last 6 months, how much of a problem, if any, were delays in healthcare while you waited for approval from your health plan?
- Q48a. How much of a problem, if any, was it to find a doctor or other health providers who met your cultural, racial, ethnic or language needs or preferences?
- Q48b. If you had a problem finding a doctor that met your special needs or preferences, which of the following applied?
- Q51a. Please rate your health plan's website on the ease of use.
- Q51b. In the last 6 months, have you looked for health-related information on the Internet?
- Q51c. When you look for health-related information on the Internet, where do you most often find the information you need?
- Q51d. How much do you weigh without shoes?
- Q51e. Approximately how tall are you without shoes?
- Q51f. In an average week, on how many days do you engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make you breathe heavier and your heart beat faster)?
- Q51g. In the last 6 months, on how many visits did your doctor or other health provider speak to you about your eating habits or advise you on your eating habits?
- Q51h. Advance directives are legal documents in which patients express their wishes about the kind of healthcare they want to receive should they become unable to make their own treatment decisions. Do you have an Advance Directive?
- Q51i. In the last 6 months, on how many visits did your doctor or other health provider speak to you about the amount and kind of exercise, sports, or physically active hobbies you should have?
- Q51j. Knowledge of the following (Height, Weight, Blood pressure, Blood sugar level, Cholesterol level, Body Mass Index, Body Fat Percentage).

UniCare added the following plan specific questions to the standard Child CAHPS survey:

- Q54a. Which of the following contributed most to your rating your child's health plan the way you did?
- Q54b. Where did you look for information regarding how your child's health plan works?
- Q54c. Did you find what you were looking for?
- Q54d. What information did you look for?
- Q54e. Was the information you looked for clear and easy to understand?
- Q54f. After receiving care for your child in the last 6 months, how helpful was the explanation of benefits statement in understanding what was covered by your child's health plan?
- Q54g. In the last 6 months, how much of a problem, if any, were delays in healthcare while you waited for approval from your child's health plan?
- Q75a. How much of a problem, if any, was it to find a doctor or other health providers who met your child's cultural, racial, ethnic or language needs or preferences?
- Q75b. If you had a problem finding a doctor that met your child's special needs or preferences, which of the following applied?

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	<ul style="list-style-type: none"> • Q82a. Please rate your child’s health plan’s website on the ease of use. • Q82b. In the last 6 months, have you looked for health-related information on the Internet? • Q82c. When you look for health-related information on the Internet, where to you most often find the information you need? • Q82d. Approximately how much does your child weigh without shoes? • Q82e. Approximately how tall is your child without shoes? • Q82f. In an average week, on how many days does your child engage in physical activity (exercise or work which lasts at least 20 minutes without stopping and which is hard enough to make your child breathe heavier and his/her heart beat faster)? • Q82g. In the last 6 months, on how many visits did your child’s doctor or other health provider speak to you about your child’s eating habits or advise you on your child’s eating habits? • Q82h. Advanced directives are legal documents in which patients express their wishes about the kind of healthcare they want to receive should they become unable to make their own treatment decisions. Does your child have an Advance Directive? • Q82i. In the last 6 months, on how many visits did your child’s doctor or other health provider speak to you about the amount and kind of exercise, sports, or physically active hobbies your child should have? • Q82j. Knowledge of the following (Height, Weight, Blood pressure, Blood sugar level, Cholesterol level, Body Mass Index, Body Fat Percentage).
3.2	<p><i>If using an existing survey, there is evidence of its validity.</i></p> <p>The CAHPS survey instruments and reporting formats have undergone rigorous testing for reliability and validity, including focus group interviewing, cognitive interviewing, and field testing.</p>
3.3	<p><i>If using a newly developed survey, there is evidence that an individual with experience in survey design and methodology was involved in the development of the survey.</i></p> <p>NA</p>
3.4	<p><i>If using a newly developed survey, there is evidence of reliability testing.</i></p> <p>NA</p>
3.5	<p><i>If using a newly developed survey, there is evidence of validity testing.</i></p> <p>NA</p>

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3.6	<p><i>If using an adapted survey, there is evidence that an individual with experience in survey design and methodology was involved in the adaptation and testing of the instrument.</i></p> <p>NA</p>
3.7	<p><i>If using an adapted survey, there is evidence of reliability testing.</i></p> <p>NA</p>
3.8	<p><i>If using an adapted survey, there is evidence of validity.</i></p> <p>NA</p>
Activity 4: Sampling Plan	
4.1	<p><i>Population to be studied is clearly identified.</i></p> <p>The study populations are HW19 adults, HW19 children, and HW21 children who meet the CAHPS eligibility criteria. The DSS Research reports do not clearly define or reference these Kansas Medicaid and CHIP populations, though with knowledge of the Kansas HealthWave populations enrolled in UniCare, it is possible to deduce which populations are represented within each of the reports. In addition, the population size for each group was not stated within the reports.</p> <p>KFMC requested additional details from UniCare regarding the sample frame/population sizes. In response to this inquiry, UniCare provided an Internal Audit Team report with additional details about the 2009 sample frames. According to the audit team report, the sample frames were created using McKesson Software (NCQA-certified HEDIS software) and the resulting sample frames included 3,945 HW19 adults; 19,829 HW19 children; and 10,771 HW21 children. The sample frames were submitted to DSS Research prior to the 1/26/2009 data submission deadline.</p>
4.2	<p><i>Sample frame is clearly defined and appropriate.</i></p> <p>The following are the criteria/guidelines, based on HEDIS 2009, Volume 3: <i>Specifications for Survey Measures</i>:</p> <ol style="list-style-type: none"> 1. Currently enrolled at the time the survey is completed 2. Enrolled five of the last six months of the measurement year (2008) and have no more than one gap of up to 45 days in enrollment during any time from July through December 3. The child population should consist of members 17 years of age and younger as of December 31 of the measurement year 4. The adult population should consist of members 18 years of age and older as of December 31 of the measurement year 5. The sample should not include more than one person (adult or child) per household

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The adult report identified qualified respondents as those 18 years and older as of December 31 of the measurement year (2008), who are currently enrolled and have been continuously enrolled in the plan for at least five of the last six months of the measurement year. The report does not specify that a member may have up to one enrollment gap of up to 45 days.

The child reports identify qualified respondents as parents of those 17 years and younger as of December 31 of the measurement year (2008), who are currently enrolled and who were enrolled in the health plan the last six months of the measurement year and had no more than one gap in enrollment (not exceeding 45 days) during any time from July 1, 2008 to December 31, 2008.

All three reports noted, "To reduce respondent burden, the sample was deduplicated so that only one adult or child in each household would be included in the sample."

Additional information provided by UniCare stated they prepared the database for sampling using NCQA-certified software. There is no mention in the reports of the sample frame being approved by UniCare's NCQA-certified HEDIS auditor before being submitted to DSS Research for sampling. KFMC requested additional details regarding certification by the HEDIS auditor. In response to this inquiry, UniCare provided copies of the CAHPS survey approval letters from Attest HealthCare Advisors, LLC, received 2/3/2009. The letters indicated the pre-survey data review was completed and stated, "Although this letter is not an attestation to the accuracy of your sample, it does serve to confirm to your vendor that you have complied with the appropriate audit protocols and that we have examined both the source code used to produce the files and the output to confirm required data elements are included to the fullest extent available in your systems."

The above defined sample frames are consistent with *HEDIS 2009, Volume 3: Specifications for Survey Measures*, clearly defined and appropriate.

4.3 ***Sampling strategy (simple random, stratified random, non-probability) is appropriate to study question.***

A simple random sample was used to select participants for the HW19 Adult CAHPS survey, and the report indicates 1,350 surveys were mailed. The HW19 and HW21 Child reports also indicate a simple random sample was used to select participants for the Child CAHPS survey, and the reports indicate that 3,490 surveys were mailed for HW19 Children and 2,688 total surveys were mailed for HW21. However, additional information provided by UniCare describes what appears to be a stratified random sampling strategy used by DSS Research. The additional information states that DSS takes a random sample of 1,650 and then takes an oversample of 1,840 from the CCC population for a total sample of 3,490. If there is not enough CCC to take the entire oversample, DSS takes what is available. UniCare confirmed there were not enough HW21 children meeting the CCC pre-screen criteria to pull the full CCC oversample. The documentation does not specify how the CCC populations were identified. The documentation does not indicate how many members were identified as CCC. KFMC requested additional details from UniCare and in response to this inquiry, UniCare stated that the CCC prescreen criteria was applied during creation of the sampling frames by UniCare. The CCC population discussed in the reports was identified based on survey responses. For HW19, there were 594 respondents in the General Child population and 454 respondents in the CCC population. For HW21, there were 760 respondents in the General Child population and 453 respondents in the CCC population. UniCare did not provide details regarding how many general child respondents are also included in the CCC response groups.

Since DSS Research is an NCQA-certified HEDIS Survey Vendor, the sampling strategy used by the survey administrator was viewed as appropriate.

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4.4	<p><i>If random sampling is used, sampling process is valid.</i></p> <p>Details regarding the random sample selection process for the HW19 Adult CAHPS survey were not provided in the report. Additional information provided by UniCare in 2008 stated, "DSS Research takes a random sample of members sent after deduplicating by household." The information did not address the method used to select the random sample, such as the use of a random number generator, the sample size, whether the adult sample was selected first, as is specified by NCQA, or whether member address and telephone numbers were verified as part of the sample selection process.</p> <p>KFMC requested additional details regarding the sampling process and in response to this inquiry, UniCare confirmed the adult samples were selected using a random sampling process prior to selection of the general child sample and CCC oversample. UniCare also provided verification of processes used by the vendor to verify member addresses and phone numbers prior to sample selection. Since DSS Research is an NCQA-certified HEDIS Survey Vendor, the sampling process used by the survey administrator was viewed as appropriate.</p>
4.5	<p><i>If stratified random sampling is used, sampling process is valid.</i></p> <p>Details regarding the stratified random sample selection process for the HW19 and HW21 Child CAHPS survey were not provided in the reports.</p> <p>Additional information provided by UniCare as noted in section 4.4 above.</p> <p>KFMC requested additional details regarding the sampling process in 2009. In response to that inquiry, UniCare confirmed a stratified random sampling process was used to select the general child sample and CCC oversample.</p> <p>Based on the additional information provided and use of an NCQA-certified HEDIS Survey Vendor, the sampling process used by the survey administrator was viewed as appropriate.</p>
4.6	<p><i>If non-probability sampling is used, there is clear and strong evidence why random sampling is not feasible.</i></p> <p>NA</p>
4.7	<p><i>Sample size is determined using reasonable statistical parameters and is appropriate to survey purpose and objectives.</i></p> <p>HEDIS CAHPS protocols specify the following sample sizes for the Medicaid CAHPS survey:</p> <ul style="list-style-type: none"> • Adult - 1,350 • Child with CCC Measurement Set - 3,490 (1,650 general population + 1,840 children with probable chronic conditions based on claims data) <p>When less than these volumes are available, all eligible cases should be selected. NCQA also allows over-sampling in certain instances. The reports indicated the sample size, based on NCQA protocols, was appropriate for the HW19 Adult population and the HW19 Child</p>

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	<p>population. The HW21 Child report indicated 2,688 surveys were mailed. UniCare confirmed this was due to not enough children meeting the chronic conditions screening criteria for this population to select the full sample, but this is not clearly stated within the report. Since DSS Research is an NCQA-certified HEDIS Survey Vendor, the sample sizes selected by the survey administrator were assumed to be appropriate.</p>
4.8	<p><i>Sample selection processes are sound.</i></p> <p>UniCare prepared the database for sampling using NCQA-certified software. There is no mention in the reports of the sample frame being approved by UniCare’s NCQA-certified HEDIS auditor before being submitted to DSS Research for sampling. KFMC requested additional details regarding certification by the HEDIS auditor. In response to this inquiry, UniCare provided copies of the CAHPS survey approval letters from Attest HealthCare Advisors, LLC, received 2/3/2009. The letters indicated the pre-survey data review was completed. DSS Research, an NCQA-certified CAHPS Vendor, selected the samples for the HW19 Adult, HW19 Child and HW21 Child populations. The sample selection processes appear to be sound.</p>
Activity 5: Response Rate	
5.1	<p><i>Strategy for locating and contacting target respondents is in place. Specify if mail, phone, face-to-face, or combination strategy is used.</i></p> <p>HEDIS CAHPS protocol allows plans to select from two survey administration options, a five-wave mail only methodology or a mixed methodology (mail and telephone), which includes two questionnaire mailings, two reminder postcards, and a telephone follow-up. The reports indicated the CAHPS surveys were administered to the HW19 and HW21 populations using the mixed methodology following the NCQA protocol.</p>
5.2	<p><i>Specifications for calculating raw and adjusted response rates are clear and appropriate.</i></p> <p>The HEDIS protocol for administration of CAHPS 4.0 surveys define the calculation of response rates as follows:</p> <p align="center"> <u>Completed Mail and Telephone Surveys</u> Sample Size – Ineligible Surveys </p> <p>The HEDIS protocol defines a completed Adult CAHPS 4.0 survey as one where the member answers one or more survey questions. Adult members are deemed ineligible if they are deceased, do not meet the eligible population criteria, have a language barrier or are either mentally or physically incapacitated. The HEDIS protocol defines a completed Child CAHPS 4.0 survey as one where the parent/guardian answers one or more survey questions. Child members are deemed ineligible if they are deceased, do not meet the eligible population criteria or the respondent has a language barrier. The adult and child survey reports do not contain detail regarding how the response rates were calculated or the criteria for determining a member ineligible. The adult and child reports contain tables indicating the volume of surveys mailed, volume of ineligible members, completed surveys, adjusted response rate and sampling error. The reports identified the following response rates:</p>

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- HW19 Adult – 33.5% (428 responses from a sample of 1,350 minus 72 ineligible members)
- HW19 Child Population – 38.4% (1,296 responses from a sample of 3,490 minus 117 ineligible members)
- HW21 Child Population – 48.9% (1,267 responses from a sample of 2,688 minus 98 ineligible members)

The reports did not provide separate response rate data for the general child sample and CCC oversample. KFMC sent a request to obtain further details about response rates. UniCare responded, "Since the CCC people are classified in the end based on their survey responses, we don't have a response rate for just CCC."

5.3 *The response rate, potential sources of non-response and bias, and implications of the response rate for the generalizability of survey findings are assessed.*

According to the HEDIS CAHPS protocols, MCOs must achieve a minimum of 411 completed surveys, or 100 responses for each HEDIS survey question to report HEDIS survey results for that question. If the number of responses to any question is less than 100, HEDIS results calculated using that question receive a measure result of Not Applicable (NA). The adult and child reports did not specify a target number of completed survey responses and did not include discussion regarding the 100 responses for each HEDIS survey question. For HW19, there were 428 adult survey respondents, 594 respondents in the General Child population and 454 respondents in the CCC population. For HW21, there were 760 respondents in the General Child population and 453 respondents in the CCC population. The requirement of 411 completed surveys was met for all groups.

The adult and child reports identified questions where the denominators were less than 100:

- Review of the HW19 adult question frequencies for the composite scores and rating questions did not identify any ratings with less than 100 valid responses. However, the customer service composite score was reported as having fewer than 100 valid responses.
- Review of the HW19 child survey question frequencies for the composite scores (both general and CCC composites) and rating questions identified no ratings or composite scores with less than 100 valid responses.
- Review of the HW21 child survey question frequencies for the composite scores and rating questions identified no ratings or composite scores with less than 100 valid responses.

The adult and child reports did not address potential sources of non-response bias or the extent to which non-response may have introduced bias into the survey findings. In 2008, UniCare was asked if any sources of non-response bias were identified. UniCare responded by stating, "NCQA has tested the survey and would be the source for this."

The adult and child reports contained calculations for sampling error. The HW19 adult report noted the sampling error was plus or minus 4.7% at the 95% confidence interval using the most pessimistic assumption regarding variance ($p=0.5$). The HW19 Child report noted the sampling error was plus or minus 2.7% at the 95% confidence interval using the most pessimistic assumption regarding variance ($p=0.5$). The HW21 Child report noted the sampling error was plus or minus 2.8% at the 95% confidence interval using the most pessimistic assumption regarding variance ($p=0.5$).

Response rates were calculated for HW19 adults, HW19 overall children and HW21 overall children. For both HW19 and HW21 child populations the general child and CCC response rates are reported as combined rates. Though it would be useful to see separate

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response rates reported for the general child group and the CCC oversample group, it appears based on the overall response rates that the survey findings should be generalizable for all groups.

Activity 6: Data Preparation and Analysis

6.1 *Quality control procedures are in place, including administration of surveys; receipt of survey data; respondent information and assistance; coding, editing and entering data; and procedures for missing data and data that fails edits.*

The HEDIS 2009 Specifications for Survey Measures suggest the following:

- Use of a confidential tracking identification number, which is used to record member responses so follow-up mailings of questionnaires are only sent to nonrespondents
- Review each questionnaire for legibility and completeness. If member responses are ambiguous, a coding specialist employs decision rules documented in the Quality Assurance Plan.
- To ensure data quality, two separate data entry specialists must independently enter answers for each questionnaire. Comparison of the separate entries identifies data entry errors that need adjudication.
- Develop a written protocol of personnel training and quality control processes

The reports do not contain details about use of a tracking number system, coding decision rules, data entry verification/validation, personnel training, or a written quality control process.

Additional information was requested from UniCare during the 2008 review regarding the quality control procedures that were in place involving survey administration and data management. UniCare confirmed these details are still accurate for the 2009 survey year. Regarding quality control procedures used for respondent information and assistance, UniCare provided the following response: "We have a frequently asked questions document provided by NCQA that we use to answer all respondent questions so that the answers are always the same."

Additional information was requested from UniCare regarding quality control procedures used for survey administration, such as training programs for and monitoring of personnel in the telephone phase of data collection, address standardization, monitoring printing and mailing processes etc. UniCare provided the following information (shaded below) as evidence of the quality control procedures for survey administration:

DSS Research has a very elaborate QC procedure. DSS Research uses training materials provided by NCQA for the phone portion. DSS has a monitor per 10 people to monitor the telephone phase. For addresses, DSS runs the address through the NCOA database. This is a database the post office keeps so they know the recent movers, etc. DSS also sends the file through to Mailers +4 which standardizes the addresses and provides CASS certification (Coding Accuracy Support System). The CASS information gives an idea of how deliverable each address is. DSS has asked NCQA if DSS can select the sample using only addresses deemed deliverable, but they have denied this request. For phone, DSS sends the records to Telematch which attempts to provide the best phone number based on the address provided. TeleMatch tends to have roughly a 50% match rate. DSS keeps the client supplied phone

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numbers and use any TeleMatch numbers as a second source if the first number is deemed non-working.

Printing and mailing:

Activities	Control Processes
Work scheduling and communication	Check mail drop schedule for new activity. Prioritize new work by most recent drop date. Alert sampling staff to unsorted mail drops closer than five days. Alert prjt managers to unsorted mail drops closer than three days. Select a number of mail drops equal to the mail dept total daily volume. Send daily production docket to mailing staff. Alert PMs to press deliveries behind schedule. Alert PMs to mail drops behind schedule.
Check for materials	Run press docket report at beginning of day. Verify scheduled material deliveries. Alert mailing dept manager to deliveries behind schedule. Print stock ID list from the daily production docket. Pull materials needed for daily production from stock. Verify # materials available vs. outgoing volume for each drop. Alert mailing dept manager to shortages. Place materials in print staging area grouped by stock ID. Verify stock ID on boxes to stock ID list from daily production docket. Record # boxes pulled for each stock ID on list. Place completed stock ID list in print supervisor work area. After printing, pick up remainder of materials and place in return stock area. Record # boxes returned to stock on stock ID list.
Download mailing database	Download mail drop databases on daily production docket. Alert mailing dept manager to failed download unresolved after two hours. Print QC cover sheet for each drop. Download merge docs for laser printing. Merge mail drop data with corresponding mail merge doc. Verify database prjt ID and QC sheet prjt ID match. Print first two instances of the correctly merged docs. Check R's unique ID on printed piece against OMNI verification tool. Verify prjt ID in OMNI and prjt ID from QC sheet match.
	Verify prjt IDs from OMNI and QC sheet match. Verify postal barcode matches to barcode overlay template correctly, 15.5 font, complete with ZIP, +4 and DPBC, single bars before/after. Verify address block start at 2.5 on merge doc, font uniform in merged doc, address visibility after tap test, salutation 2 hard returns below address barcode, entire address present including suite information, unique ID# present, proper client name appears on piece, and closing complete including sig/printed name. Assemble QC package - QC cover sheet, letter, survey or card and give to PMs for each job. Merge fields used to identify proxy status. Postal automation docs added to QC package. Place QC package at the end of the tray laser production queue. PM checks materials on QC package. PM signs, dates, and sends QC package to data services.

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Print quality control package -- INK-JET	Verify blank materials from previous print returned to stock area. Pull next QC package from ink jet production queue. Record starting date/time of print run on QC package. Place QC package in printer pocket to indicate current print in process. Remove/clean print heads. Check feed rollers/clean if necessary. Use stock ID# to retrieve materials from print staging area. Verify gate thickness setting on feeder. Run single pieces until barcodes aligned/in correct location. Print 5 test pieces. Check test pieces for smearing and printing gaps.
Activities	Control Processes
Laser printing	Check both drawers for leftover materials from previous printing. Verify blank materials from previous print in return stock area. Pull next QC package from the laser production queue. Use stock ID# to retrieve materials from print staging area. Record starting date/time of print run on QC package. Place QC package in pocket of printer to indicate current print in process. Load materials into both drawers. Check secure side guides in paper drawer, proper paper orientation, toner level, and drawer rollers (replace if necessary). Print 5 test pieces. Check test pieces for paper skew, smearing and printing gaps.
Verify QC package	DSS adheres to all mail phase protocols outlined in Volume 3 and the QAP pages 31-36. Verify stock ID on material and unique ID/name/address on survey AND QC package match, complete 3 of 9 barcode (ZIP, +4, DPBC) present, address fields including address 2, wave code, tray #, and tap test for address visibility of folded piece in windowed envelope (first class using "Address Service Requested").
Printing production	Print surveys/postcards. Check barcode/address block location, orientation and clarity every tray break. Move full trays of printed materials to prep staging area. Place all blank materials from previous print in return to stock area. Record ending date/time/sig of print run on QC package. Place QC package at the end of the tray prep production queue.
Processing materials, preparing tray breakouts	Verify materials and trays from previous job in staging area and blank materials in return stock area. Pull next QC package from tray preparation production queue. Record starting date/time of processing on QC package. Place QC package on table where processing. Verify postage and quantity on postal paperwork match QC package. Divide and order tray tags; bind with rubber band. Pull trays from print run sequentially starting with first tray. Review each tray for skipped IDs, blank, skewed or smudged pieces. Return defective pieces to print operator and flag missing piece in tray. Break materials in tray by tray # on pieces. Insert corresponding tray tag into outside tray sleeve. After trays are prepared for machine automation, retrieve reprints or defects. Compare original defective and replacement pieces. Verify stock IDs, unique IDs, and variable data are the same. Insert replacement pieces into trays at proper locations and remove flags.
	Select 2 random pieces per tray for inspection. Verify tray # on pieces and tray tag match. Verify pieces are free of printing defects.
	For surveys/letters, put finished trays in machine staging area and place QC package at end of production queue. For cards, put finished trays in mail drop staging area. Record ending date/time/sig on QC and place at end of mail drop production queue.

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Activities	Control Processes
Processing materials, machine automation	<p>Check track/collator/envelope hopper/envelope path/folder for leftover materials from previous folding/inserting. Check water level on sealer and check/replace brushes if necessary. Pull next QC package from machine production queue. Pull first tray of job from machine staging area. Record starting date/time of print run on QC package and place it in machine pocket to indicate current prjt in process. Jog materials and place in feeders. Check thickness detection on feeders and material side guides. Set fold type. Check to ensure orientation correct for fold/envelope type. Pull envelope type for prjt and place in hopper. Test run single piece. Check test pieces for skew, proper fold and address visibility.</p> <p>Verify ID on materials and QC package match. For married pieces, verify ID on survey and letter match. Verify tap test for address visibility in window envelope.</p> <p>Fold/insert mailing pieces. Check sealer water level every 30 mins. Check collation of ID on survey/letter every 25 pieces. Check address visibility/envelope sealing every 25 pieces. Put finished trays in staging area. Record ending date/time/sig for machine run on QC package and place it at end of production queue.</p>
Deliver to post office, final quality control pass	<p>Pull next QC package from drop production queue. Pull two random pieces from each tray of mail drop. Check sealed envelope for address visibility. Check letters for skewed printing, complete address and barcode info. Check envelope for proper seal. Check tray assignment of pieces. Check piece collation. Check stock ID. Review QC findings. Randomly check 2 pieces. Sleeve/strap trays. Place trace into staging area grouping by drop date. Record ending date/time/sig for final check. File QC package by drop date in postal drop file.</p>
Deliver to post office, drop mailings	<p>Run daily report for drops. Pull QC packages for drop date. Verify all prjts scheduled to drop are accounted for (determine status of unaccounted prjts). Tally # of pieces/postage from postal docs. Reconcile against postal drop report. Load truck. Obtain tray count by prjt. Verify against postal docs. Deliver to post office. Enter drop date/quantity/postage for each prjt QC package. File QC in completed mail drops archive.</p>

UniCare provided the following table to demonstrate their quality control procedures relating to coding, editing and entering data:

Activities	Control Processes
Create file layout	<p>Check data entry template or iCATI script exists. Import current layout into file layout tool. Pull prjts tab folder from previous wave/compare to new layout. For identical or baseline layouts print/sign/date/file new layout. If differences, download most recent Qnaire. Identify changed/new questions. Identify any data that are provided in sample file regardless of wave. Run frequency of data. Are values in expected format for items used in previous waves? Are there more or fewer values than in previous waves? If no to either, contact data services and PM. Are new data in format that can be easily used in tab program? If no, contact data services and request values mapped to usable format. Print new layout/sign/date/file in the prjts tab folder.</p>

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	Verification, cleaning and coding handled per CAHPS QAP specifications. Decision rules from CAHPS QAP pages 35-36 applied.
Prelim data exported	Print/review prjt specs in OMNI. Contact PM with unclear/missing info. Use automated blender application to combine data for hybrid studies. Export blended data using tested file layout. If deemed necessary by NCQA, DSS will submit preliminary test data files prior to the deadline for submission so that the NCQA can assess the extent to which files are in accordance with the HEDIS 2008 survey file specifications.
Prelim tables created and reviewed	Export tab syntax from iCATI. Insert client/job # in header. Verify working with most recent Qnaire. Verify all question/response text match final Qnaire. Edit row tables. Sigma row across all columns sums to 100%. Export summary table syntax/edit. Create responses appearing in descending order by % on basic questions. Verify other categories, multi-punch and summary tables are not sorted by %. Check tables against previous waves for proper representation. Run tables/review. Are data represented for every question? Do numeric questions fall within expected ranges? Are response categories represented logically? Alert PM to any issues with prelim data.

Based on the additional information provided by UniCare, the appropriate quality control procedures were in place.

6.2 Appropriate data preparation and analysis procedures are used.

As an NCQA-certified HEDIS Survey Vendor, DSS Research is responsible for submitting clean member-level data files to NCQA for calculation of HEDIS survey results, in accordance with the HEDIS survey file layouts. The reports do not contain discussion regarding the data preparation and analysis plans. The reports described various methods used for data display and to identify statistical significance and opportunities for improvement including: regression analysis, factor analysis, derived importance, performance analysis, correlation analysis, cross tabulation, Z-test and key driver analysis.

In the DSS Research child survey reports, statistically significant differences between the general child and CCC response groups were reported. These response groups overlap, so cannot be considered independent samples. KFMC requested further details about what statistical test was used for these comparisons. UniCare provided the formula and confirmed a Student's t-test was used.

KFMC's statistical analysts reviewed the relevant details and noted, "Because the CCC and General Child populations are not independent (they overlap), the Student's t-test used may not be appropriate. The t-test they used would, however, appropriately test for differences between the CCC population and the non-CCC members of the General Child population. Testing CCC versus non-CCC is also more consistent with the interpretation most readers would likely draw from the test. Suppose for example a CCC rate was shown to be statistically significantly higher than the general Population rate. Readers would likely conclude that CCC members had a higher rate than the non-CCC members. If UniCare has a relatively small fraction of its members in the CCC population, then the violation of the assumption of independent samples would have little effect on the test results."

Since UniCare did not provide details about how many of their general child respondents are also included in the CCC response group, it is difficult to determine the impact of sample inter-dependence.

KFMC's analyst reviewed the statistically significant findings reported by DSS Research using their NCQA member-level file, adjusted for overlap between the samples. The analyst found that all the statistically significant differences between General Child and CCC were statistically significant differences. It was noted that there may have been additional differences that were not found due to the choice of test.

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KFMC noticed several questions in the HW19 Child and HW21 Child reports were flagged in the DSS Research reports as having a small base size (<30) making significance testing not appropriate. Yet the results of significance testing appear to have been reported for some of these questions. Questions noted as having a small base size with significance testing results noted include:

- Q18. Easy to get special medical equipment (HW21)
- Q57. Getting help with prescription problems (HW19, HW21)
- Q63. Uses more because of medical/behavioral/other condition (HW21)
- Q64. Condition has lasted/is expected to last at least 12 months (HW21)
- Q66. Limited because of medical/behavioral/other condition (HW19, HW21)
- Q69. Needs special therapy because of medical/behavioral/other condition (HW19, HW21)
- Q72. Condition has lasted/is expected to last at least 12 months (HW19, HW21)

UniCare provided the following table as evidence of their data preparation and analysis procedures:

Activities	Control Processes
Final data exported for tabulation	Verify all data has been entered/posted and coding completed/posted. Make any final changes to blending routine or layout. Use automated blender application to combine data for hybrid studies. Export blended data using tested file layout. Verify final # of completes by quota cell. Data are exported in fixed-width ASCII flat file format for submission. Data has been thoroughly verified and cleaned in other processes before exporting. Processes for preparing these files are followed and detailed in QAP pages 70-78.
Cleaning tables created	Compare skip patterns to # of cases that qualify for skip. Create cleaning for responses not valid for skips. Provide analyst with span table for every numeric question. Identify outliers and supply suppression list to data processing. Create cleaning to modify outliers as requested. Analyst sends banner plan to data processing. Construct banner by specs. Test logic of sig testing. Compare sig testing to banner plan. Verify footnote indicating columns tested.
First tab run	Spell-check. Print for self check. Check numeric responses to span table. Banner qualifiers correct? Banner points labeled correctly and correspond to qualifiers? Compare originating questions from survey. Output first pass of tabs. Place printout with QC check list in queue.
Tabs reviewed and edits noted	Sigma row across all columns sums to 100%. Do sum of base and excluded values equal reported total? Top two/top three box nets equal sum of rows. Closed-end questions checked against marginal. Compare summary tables to original question. Check %s for top box scores. Check tables against previous waves for proper representation. Combination points checked by marginals. Banner points from quota compared to iCATI cells. Correct client identified in header. Correct job # identified in header. All edits noted on QC checklist and corresponding tables flagged.

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Second tab run	Tab syntax file provided to second tabber for QC. Provide original updated QC checklist from first pass. Output second pass of tabs. Perform same operations as in "first tab run". All edits are noted on QC checklist and corresponding tables flagged. Tabs/edits returned to primary tabber. Final edits preformed and checked off on QC sheet.
Data file created	Raw data file exported from finalized tab run. Frequencies for each question from both tab and raw file are compared. Discrepancies are investigated and corrected. Data file delivered to PM.
Delivery of data files	Data are uploaded to NCQA's secure Internet submission system. Files are uploaded based on population along with submission and organization IDs. The member level data file contains one record for each sampled member.

Based on the additional information provided by UniCare, the data preparation procedures appear to be sound. The Student's t-test may not have been the most appropriate test for comparison of the general child and CCC groups.

6.3 Final report provided understandable and relevant data.

The reports were understandable, relevant and based on standard CAHPS reporting conventions including the following:

Composites

The Adult 4.0H and Child 4.0H CAHPS surveys included the composite categories specified in the NCQA guidelines. Each composite category represented an overall aspect of plan quality and was composed of related questions. The related questions or composite attributes were shown individually. Five additional composites were calculated for the CAHPS 4.0H Child Survey (with CCC measurement set), which was referred to as the CCC measurement set composites. Summary rates were calculated for all composites and composite attributes and represent the most positive responses as specified by NCQA. The summary rates were used when statistical comparisons were made.

Ratings

The Adult 4.0H and Child 4.0H CAHPS surveys included four rating questions where respondents are asked to assign a value ranging from 0-10. Summary rates were calculated for each of the four questions and represent the most positive responses as specified by NCQA. The summary rates were used when statistical comparisons were made.

Plan Specific Questions

Plan specific supplemental questions were added to the Adult 4.0H and Child 4.0H CAHPS surveys for all survey populations. The additional questions are listed in section 3.1.

The reports were organized in an understandable manner consisting of five distinct sections. These sections included:

1. Background and Objectives
2. Executive Summary
3. Methodology
4. Research Findings
5. Appendices

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The reports contained relevant information to assess satisfaction and identify areas requiring improvement.

Trending

Trending was shown, where appropriate, to compare 2008 and 2009 the CAHPS survey results for the HealthWave populations. Due to the change in survey tool version from the Child 3.0H in 2008 to the Child 4.0H in 2009, trending was inappropriate for several child survey measures.

Benchmarking

Benchmarking was done for all five populations using composite, composite attribute and rating data. The DSS Research reports contain benchmark comparisons of the UniCare 2009 Adult CAHPS results to the following data sources:

- 2008 Medicaid Average (Quality Compass)
- 2009 DSS Average (DSS Adult Medicaid Book of Business)

The DSS Research reports contain benchmark comparisons of the UniCare 2009 HW19 and HW21 Child CAHPS results to the following data sources:

- 2008 Medicaid Average (Quality Compass)
- UniCare General Population to UniCare CCC

Gap Analysis

UniCare's composite, composite attribute and rating scores were reported using the NCQA accreditation scale. Gap analysis is based on the difference in the maximum possible accreditation score and UniCare's actual scores.

Member Profile Analysis

Regarding adults, the member profile compares UniCare's response rates on questions regarding member health and member demographics to the 2008 Medicaid average and the 2009 DSS average. Statistically significant differences are noted in the report. Regarding children, the member profiles compare respondent demographics and member demographics to the 2008 Medicaid average. Comparisons are also made between the General Child and CCC populations. Statistically significant differences are noted in the reports.

Key Driver Analysis

The DSS Research Key Driver Statistical Model is a proprietary statistical methodology used to identify key drivers of satisfaction and provide actionable direction for satisfaction improvement programs. The model provides the following:

- Identification of the satisfaction elements which are important to driving overall satisfaction with the health plan
- Measurement of the relative importance of each of these elements
- Measurement of how well members think the health plan performed on those important elements
- Presentation of the importance/performance results in a matrix which provides clear direction for member satisfaction improvement efforts by the health plan

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Activity 7: EQRO Survey Validation Documentation

7.1 *Assessment of the technical methods of survey implementation and analysis, and the survey's technical strengths and weaknesses.*

The strengths of the survey implementation and analysis include:

- Use of a 5-wave survey administration protocol, including two survey mailings, two reminder postcards, and a telephone follow-up call
- Use of a NCQA-certified HEDIS Survey Vendor
- Benchmark comparison to the 2008 Medicaid Average (Quality Compass) and the DSS Average
- Gap Analysis
- Member Profile Analysis
- Key Driver Analysis

The weaknesses of the survey implementation and analysis include:

Activity 4: Sampling Plan

- The sample frames were not clearly defined in the adult and child reports. UniCare was able to provide this information but it would be valuable to have this level of detail in the reports as well.
- Little detail about the sampling process was provided in the reports. Though UniCare was able to provide the additional details that were needed for this review, it would be valuable to have this level of the detail in the reports as well.

Activity 5: Response rate

- The specifications and denominators used to calculate raw and adjusted response rates were combined for both child survey groups. It would be beneficial if separate response rates were provided the general child sample and CCC oversample groups.
- It would also be useful to know how many of the general child respondents were also included in the CCC response group.
- Less than 100 valid responses for the HW19 adult Customer Service Composite.

Activity 6: Review of data preparation and analysis

- The Key Driver Statistical Model identifies areas of strength and opportunity for improvement exclusively based on their relationship to the benchmarks. (Opportunities for improvement may not be highlighted if the benchmark scores are also low.)
- Few details regarding the survey mailing, data collection procedures were included in the reports. UniCare was able to provide this information, but it would be valuable to have further details in the reports.
- Statistical testing was completed to compare the general child and CCC groups, but the test used may not have been the most appropriate test since the samples are not independent. All items reported by DSS Research to be statistically significant were significant.
- Significance testing results were reported for some questions flagged in the report as having small base sizes.

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7.2 Limitations and generalizability of survey findings.

Limitation

Having less than 100 valid responses for the adult survey customer service composite is a survey limitation. In addition, use of the Student's t-test for analysis/comparison of the general child and CCC response groups may be a limitation, since other differences might have been identified if the test were adjusted to account for overlap between the groups.

Generalizability

The survey findings appear to be generalizable.

7.3 Conclusions drawn from survey data.

The DSS Research reports contained the results of benchmarking, gap analysis, member profile analysis, key driver analysis, factor analysis and performance analysis. These findings are reviewed by UniCare staff, members and physicians. The findings are used internally for the following purposes:

- Determination of member rating of their health plan overall, overall healthcare provided, their personal doctor overall and specialist care overall
- Assessment of member perceptions related to Customer Service, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Shared Decision Making, Coordination of Care and Health Promotion and Education
- Evaluation of assistance with smoking cessation measures (adult only)
- Standard measurement of all areas mentioned to facilitate meaningful comparisons among health plans that wish to disclose their data to healthcare customers

Conclusions

The DSS Research conclusions were noted in the reports. UniCare did not provide their interpretation of the DSS Research reports or their planned interventions for areas representing opportunities for improvement.

7.4 Detailed assessment of each plan's/program's strengths and weaknesses with respect to (as appropriate) access, quality, and/or timeliness of healthcare furnished to Medicaid enrollees.

The following is a summary of key findings, provided in the DSS Research reports. Findings for ratings, composite scores and questions relating to access, quality, and timeliness of care are discussed.

HW19 Adult

Ratings

- Healthcare ratings of 9 or 10 increased since 2008, and are above both the 2008 Quality Compass Medicaid average and the 2009 DSS average.

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- Health plan ratings of 9 or 10 decreased since 2008, and are below both the 2008 Quality Compass average and the 2009 DSS average.
- Personal doctor ratings of a 9 or 10 decreased since 2008, and are below both the 2008 Quality Compass average and the 2009 DSS average. Rating of personal doctor was also identified through key driver analysis as one of the biggest opportunities for improving overall satisfaction.
- Specialist ratings of 9 or 10 increased since 2008, but are below both the 2008 Quality Compass average and the 2009 DSS average.

Composites

- The customer service composite increased since 2008 and is above both the 2008 Quality Compass Medicaid average and the 2009 DSS average.
- The getting needed care composite increased since 2008, and is above both the 2008 Quality Compass Medicaid average and the 2009 DSS average.
- The getting care quickly composite increased since 2008, and is above both the 2008 Quality Compass Medicaid average and the 2009 DSS average.
- The how well doctors communicate composite decreased since 2008, and is below both the 2008 Quality Compass Medicaid average and the 2009 DSS average. The greatest opportunity for improvement in the composite revolved around doctors asking patients which treatment choice is best for them.
- The shared decision making composite decreased since 2008 and is below both the 2008 Quality Compass Medicaid average and the 2009 DSS average. The greatest opportunity for improvement in the composite revolves around doctors asking patients which treatment choice is best for them.

Access to Care

- Key driver analysis identified “Written Materials/Internet Provide Needed Information” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Ease of Using the Health Plan’s Website” as one of the biggest opportunities for improving overall satisfaction

Quality of Care

- The two year average for smokers advised to quit is below the 2008 Quality Compass Medicaid average, but is above the 2009 DSS average.
- The two year average for smoking cessation medications discussed is below both the 2008 Quality Compass Medicaid average and the 2009 DSS average.
- The two year average for smoking cessation strategies discussed is below both the 2008 Quality Compass Medicaid average and the 2009 DSS average.

Timeliness of Care

- No findings relating to timeliness were identified.

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HW19 General Child and CCC

Ratings

- Health plan ratings of 9 or 10 for the CCC population increased since 2008 and are above the 2008 Quality Compass Medicaid average, but are below the 2009 general child results.
- Personal doctor ratings of a 9 or 10 for the CCC population increased since 2008 and are above both the 2009 general child results and the 2008 Quality Compass Medicaid average.
- Specialist ratings of a 9 or 10 for the CCC population increased since 2008 and are above both the 2009 general child results and the 2008 Quality Compass Medicaid average. This was also identified as one of the biggest opportunities for improving overall satisfaction through key driver analysis.
- Healthcare ratings of a 9 or 10 for the CCC population decreased since 2008, and are below both the 2009 general child results and the 2008 Quality Compass Medicaid average.

Composites

- The how well doctors communicate composite for the CCC population increased since 2008, and is above the 2008 Quality Compass Medicaid average, but below the 2009 general child results.

Access to Care

- Key driver analysis identified “Customer Service Staff Gave Information/Help Needed” as one of the biggest opportunities for improving overall satisfaction
- Key driver analysis identified “Ease of Using the Health Plan’s Website” as one of the biggest opportunities for improving overall satisfaction.

Quality of Care

- Key driver analysis identified “Doctors Listen Carefully” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Doctors Respected Your Comments” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Customer Service Staff Treated You with Courtesy and Respect” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Doctors Explain Things Clearly” as one of the biggest opportunities for improving overall satisfaction
- Key driver analysis identified “Doctors Spent Enough Time” as one of the biggest opportunities for improving overall satisfaction.

Timeliness of Care

- No findings relating to timeliness were identified.

HW21 General Child and CCC

Ratings

- Health plan ratings of 9 or 10 for the CCC population increased since 2008 and are above the 2008 Quality Compass Medicaid average, but are below the 2009 general child results.
- Personal doctor ratings of a 9 or 10 for the CCC population increased since 2008 and are above the 2008 Quality Compass Medicaid average, but are below the 2009 general child results. This was also identified through key driver analysis as one of the

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biggest opportunities for improving overall satisfaction.

- Specialist ratings of 9 or 10 for the CCC population increased since 2008 and are above the 2008 Quality Compass Medicaid average, but are below the 2009 general child results.
- Healthcare ratings of a 9 or 10 for the CCC population decreased since 2008, and are below both the 2009 general child results and the 2008 Quality Compass Medicaid average.

Composites

- The how well doctors communicate composite decreased since 2008, but is above both the 2008 Quality Compass Medicaid average and the 2009 general child results.

Access to Care

- Key driver analysis identified “Ease of Using the Health Plan’s Website” as one of the biggest opportunities for improving overall satisfaction.

Quality of Care

- Key driver analysis identified “Customer Service Staff Treated You with Courtesy and Respect” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Doctors Spent Enough Time” as one of the biggest opportunities for improving overall satisfaction.
- Key driver analysis identified “Doctor Was Informed About Care from Other Doctors” as one of the biggest opportunities for improving overall satisfaction.

Timeliness of Care

- No findings relating to timeliness were identified.

7.5 ***Comparative information about all plans/programs (as directed by the State).***

TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS

In order to make plan/program comparisons, question-level survey results were obtained for each Kansas Medicaid and CHIP plan. In addition, regional and national benchmarking data was obtained from the NCBDB database. The plan/program level data and benchmarking data was consolidated into analysis files so that statistical testing could be completed, differences identified, and question-level data could be displayed in graphical and tabular formats. Results of comparisons were statistically significant if the resulting p-values were less than 0.05. Statistically significant differences are discussed below in the data findings for ratings, composites, access to care measures, quality of care measures, and timeliness of care measures.

Results of selected survey ratings, composites, and questions relating to access, quality and timeliness of care are graphically displayed in Attachment A of this report. Statistically significant differences are not displayed in Attachment A, but are provided in Attachment B. The three smoking cessation measures included in the quality of care measures category were calculated using a two-year average. In addition, some of the survey populations displayed in the graphs are the result of combining other categories. For example, the UniCare

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overall category results from combining UniCare HW19 and UniCare HW21 and the HW overall category results from combining CMFHP HW19, CFMHP HW21, UniCare HW19 and UniCare HW21. When categories were combined, weighting was used to ensure that responses from subgroups are weighted in the same proportion as those subgroups appear in the overall population. For example, since there are more children in HW19 than in HW21, the survey results for HW19 were weighted heavier than the results for HW21 in the HW overall category.

In the graphical display, “response frequency” represents the total number of responses to the survey question represented. Response frequencies were not reported for categories that were created using the weighted analysis. Background information for each of the data sources used for this portion of the report is provided below:

CMFHP CAHPS Survey

CMFHP survey findings were provided in three separate reports, representing the following population categories:

- HW19 Adult
- HW19 General Child and CCC
- HW21 General Child and CCC

In addition to the reports, CMFHP provided a data file with member-level results to be used for the comparison analysis. Additional details regarding the CMFHP CAHPS methodology are available in Attachment C of this report.

UniCare CAHPS Survey

UniCare survey findings were provided in three separate reports, representing the following population categories:

- HW19 Adult
- HW19 General Child and CCC
- HW21 General Child and CCC

In addition to the reports, UniCare provided a data file with member-level results to be used for the comparison analysis. Additional details regarding the UniCare CAHPS methodology are available in Attachment D of this report.

HCK CAHPS Survey

KFMC provided findings to KHPA for 2009 CAHPS in the report titled “HealthConnect Kansas CAHPS Survey,” which was submitted 7/30/2009. The report findings represented the following population categories:

- Medicaid Adult
- Medicaid General Child and CCC

Some HCK composites that were designated Not Reportable (NR) in the July HCK CAHPS report are included in this comparison report. This is due to a difference in how response frequency was calculated for composites. In the July HCK CAHPS report, the average number of responses across the composite attribute questions was used. In this report, the total number of surveys with a response to one or more of the composite attribute questions was used. This method maximizes the number of reportable composites and is consistent with the reporting rules used by both plan’s CAHPS vendors.

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Additional details regarding the HCK CAHPS methodology are available in the report “HealthConnect Kansas CAHPS Survey.”

NCBD Database

KFMC submitted HCK CAHPS survey data to the NCBD database as directed by KHPA. Submission to NCBD allows use of NCBD data to cross-check KFMC’s survey results with the benchmark data collected by NCBD. As a benefit of participation, KFMC received access to NCBD’s data through their 2009 CAHPS Health Plan Survey Database. This database contains the Midwest Regional and National results that were used for the regional and national comparisons. The Midwest Region data is comprised of data reported by Medicaid plans in 12 states (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin). The National data is comprised of all data reported nationally by 126 Medicaid plans reporting adult Medicaid survey data and 107 Medicaid plans submitting Child Medicaid survey data to NCBD.

NCBD results for questions unique to the CCC population (Personal Doctor Who Knows Child, Access to Specialized Services, and Coordination of Care) were not available, so regional and national comparisons were not completed for these measures. NCBD data for CHIP was not available, so the HW21 results were compared to the NCBD Medicaid benchmarks.

United States Federal Statistics

Comparative demographic data for Kansas (2000 and 2007) and the United States (2000) is displayed in Attachment A, Tables 3 and 4. This data was compiled from multiple sources including the US Census, State and County Quick Facts Report; Kansas BRFSS, from the Kansas Department of Health and Environment website; and the Kansas Data Consortium, Kansas Health Indicators Report.

DESCRIPTION OF DATA FINDINGS

Response Rates (Attachment A, Tables 1 and 2)

HCK response rates were lower than CMFHP’s and UniCare’s response rates for both the adult and child surveys. This is due to differences in how the surveys are fielded. Both CMFHP’s and UniCare’s vendors use a mixed methodology including multiple survey mailings, reminders and a telephone follow-up. The HCK surveys were fielded using a two-wave mail only methodology. There were more complete and valid adult surveys reported for HCK than for CMFHP and UniCare, due to oversampling of the HCK adult population. CHIP (HW21) response rates were higher than Medicaid (HW19) response rates for both CMFHP and UniCare.

Respondent Demographics (Attachment A, Tables 3 and 4)

- HCK adult survey respondents were much less likely to report their health status as being very good or excellent than CMFHP or UniCare adult survey respondents. This may be due to differences in eligibility criteria for these programs. All Kansas Medicaid plans/programs were less likely to report their health status as being very good or excellent than the general population in Kansas and the Nation.
- HCK adult survey respondents were more likely to report having less than a high school education than CMFHP or UniCare adult survey respondents. Respondents from each of the Kansas Medicaid plans/programs were more likely than the general

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population in Kansas and the Nation to report having less than a high school education.

- HCK adult survey respondents were less likely to report having Hispanic ethnicity than CMFHP or UniCare adult survey respondents. Fewer respondents from Kansas Medicaid plans/programs reported Hispanic ethnicity than the Medicaid NCBD benchmark. The Kansas Medicaid adult respondents reported Hispanic ethnicity in similar proportions to the general population in Kansas and the Nation.
- A higher number of adult survey respondents from each of the Kansas Medicaid plans/programs indicated having three or more doctor or clinic visits than the Medicaid NCBD benchmark.
- HCK child survey respondents were more likely to report having less than a high school education than respondents from other Kansas plans.
- HCK child survey respondents were the most likely to report Hispanic ethnicity, and CMFHP members were the least likely to report Hispanic ethnicity. All Kansas plan's/program's survey respondents reported Hispanic ethnicity more frequently than the general population in Kansas and the Nation.

Ratings

Rating of Health Plan (Attachment A, Table 5)

HCK

- HCK adult survey respondents were less likely than HW19 adults and Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.
- HCK general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.
- HCK CCC survey respondents were less likely than HW19 CCC respondents to rate their health plan a 9 or 10.

CMFHP

- CMFHP adult survey respondents were more likely than UniCare adult survey respondents and Medicaid consumers in the Midwest Region and the Nation, to rate their health plan a 9 or 10.
- CMFHP HW19, HW21 and CMFHP overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- CMFHP HW19, HW21 and CMFHP overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- CMFHP HW21 CCC survey respondents were more likely than UniCare HW21 CCC respondents to rate their health plan a 9 or 10.

UniCare

- UniCare adult survey respondents were less likely than CMFHP adult survey respondents to rate their health plan a 9 or 10.
- UniCare HW19, HW21 and UniCare overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and Nation to rate their health plan a 9 or 10.
- UniCare HW19 and UniCare overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region

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and Nation to rate their health plan a 9 or 10.

- UniCare HW21 CCC survey respondents were less likely than CMFHP HW21 CCC survey respondents, but more likely than Medicaid consumers in the Midwest Region, to rate their health plan a 9 or 10.

Kansas HealthWave

- HW19 adult survey respondents were more likely than HCK adults, and Medicaid consumers in the Midwest Region and the Nation, to rate their health plan a 9 or 10.
- HW19, HW21 and HW overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.
- HW19, HW21 and HW overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their health plan a 9 or 10.

Rating of Healthcare (Attachment A, Table 6)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 and CMFHP overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.
- CMFHP HW21 CCC survey respondents were more likely than UniCare HW21 CCC respondents, and Medicaid consumers in the Midwest Region and the Nation, to rate their healthcare a 9 or 10.
- CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.

UniCare

- UniCare HW19 and UniCare overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to rate their healthcare a 9 or 10.

Kansas HealthWave

- HW19, HW21 and HW overall general child survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.
- HW21 and HW overall CCC survey respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to rate their healthcare a 9 or 10.

Rating of Personal Doctor (Attachment A, Table 7)

HCK

- HCK adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region with their personal doctors.

CMFHP

- CMFHP overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the

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Nation with their personal doctors.

UniCare

- UniCare adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region with their personal doctors.
- UniCare HW19 and UniCare overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.

Kansas HealthWave

- HW19 and HW overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.
- HW19 and HW overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with their personal doctors.

Rating of Specialist Seen Most Often (Attachment A, Table 8)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 CCC survey respondents were less satisfied with the specialist seen most often than CMFHP HW21 respondents, UniCare HW19 respondents and Medicaid consumers in the Nation.

UniCare

- UniCare HW19 CCC survey respondents were more satisfied with the specialist seen most often than CMFHP HW19 respondents.
- UniCare CCC respondents overall were more satisfied with the specialist seen most often than Medicaid consumers in the Midwest Region.

Kansas HealthWave

- No statistically significant findings were identified.

General Composites

Getting Needed Care (Attachment A, Table 9)

HCK

- HCK adult survey respondents were more satisfied than Medicaid consumers in the Nation with getting needed care.

CMFHP

- CMFHP HW19, HW21, and CMFHP overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.
- CMFHP HW19 CCC survey respondents were less satisfied than CMFHP HW21 CCC respondents with getting needed care.
- CMFHP HW21 CCC survey respondents were more satisfied than UniCare HW21 CCC respondents with getting needed care.

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- CMFHP HW21 CCC and CMFHP overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.

UniCare

- UniCare HW19 and UniCare overall CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting needed care.
- UniCare HW21 CCC respondents were less satisfied than CMFHP HW21 CCC respondents with getting needed care.

Kansas HealthWave

- HW19, HW21, and HW overall general child survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.
- HW21 and HW overall CCC survey respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with getting needed care.
- HW19 CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting needed care.

Getting Care Quickly (Attachment A, Table 10)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19, HW21, and CMFHP overall CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting care quickly.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW19, HW21, and HW overall CCC survey respondents were more satisfied than Medicaid consumers in the Nation with getting care quickly.

How Well Doctors Communicate (Attachment A, Table 11)

HCK

- HCK adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region and the Nation with how well doctors communicate.

CMFHP

- CMFHP adult survey respondents were more satisfied than UniCare adult survey respondents with how well doctors communicate.
- CMFHP HW21 general child survey respondents were more satisfied than UniCare HW21 general child respondents with how well doctors communicate.

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- CMFHP overall general child respondents were more satisfied than Medicaid consumers in the Midwest Region and the Nation with how well doctors communicate.
- CMFHP HW21 CCC respondents were more satisfied than UniCare HW21 CCC respondents with how well doctors communicate.

UniCare

- UniCare adult survey respondents were less satisfied than CMFHP adult respondents, and Medicaid consumers in the Midwest Region and Nation, with how well doctors communicate.
- UniCare HW21 general child survey respondents were less satisfied than CMFHP HW21 general child respondents with how well doctors communicate.
- UniCare HW21 CCC survey respondents were less satisfied than CMFHP HW21 CCC respondents with how well doctors communicate.

Kansas HealthWave

- No statistically significant findings were identified.

Customer Service (Attachment A, Table 12)

HCK

- HACK adult survey respondents were less satisfied than Medicaid consumers in the Midwest Region and the Nation with customer service.

CMFHP

- No statistically significant findings were identified.

UniCare

- UniCare HW21 general child survey respondents were more satisfied than Medicaid consumers in the Nation with customer service.

Kansas HealthWave

- No statistically significant findings were identified.

Shared Decision Making (Attachment A, Table 13)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult survey respondents were more likely than UniCare adults and Medicaid consumers in the Midwest Region and the Nation to report shared decision making.
- CMFHP HW21 general child respondents were more likely than UniCare HW21 general child respondents to report shared decision making.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report shared decision making.

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- CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report shared decision making.

UniCare

- UniCare adult survey respondents were less likely than CMFHP adults to report shared decision making.
- UniCare HW21 general child respondents were less likely than CMFHP HW21 general child respondents, and Medicaid consumers in the Midwest Region and the Nation, to report shared decision making.
- Unicare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report shared decision making.

Kansas HealthWave

- HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report shared decision making.

CCC Composites

Access to Specialized Services (Attachment A, Table 14)

- No statistically significant findings were identified.

Personal Doctor Who Knows Child (Attachment A, Table 15)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW19 general child respondents were more likely than CMFHP HW21 general child respondents to report having a personal doctor who knows the child.
- CMFHP HW19 general child respondents were more likely than UniCare HW19 general child respondents to report having a personal doctor who knows the child.

UniCare

- UniCare HW19 general child respondents were less likely than CMFHP HW19 general child respondents to report having a personal doctor who knows the child.

Kansas HealthWave

- No statistically significant findings were identified.

Coordination of Care (Attachment A, Table 16)

HCK

- HCK CCC respondents were less likely than HW19 CCC respondents to report coordination of care.

CMFHP

- CMFHP HW19 general child respondents were more likely than UniCare HW19 general child respondents to report coordination of care.

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UniCare

- UniCare HW19 general child respondents were less likely than CMFHP HW19 general child respondents to report coordination of care.

Kansas HealthWave

- HW19 CCC respondents were more likely than HCK CCC respondents to report coordination of care.

Access to Care Measures

Easy to Get Appointments with Specialists (Attachment A, Table 17)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- CMFHP HW19 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get appointments with specialists.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents, and Medicaid consumers in the Midwest Region and the Nation, to report it was easy to get appointments with specialists.
- CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.

UniCare

- UniCare HW19 and UniCare overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get appointments with specialists.

Kansas HealthWave

- HW21 and HW overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- HW21 and HW overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get appointments with specialists.
- HW21 CCC respondents were more likely than Medicaid consumers in the Midwest Region to report it was easy to get appointments with specialists.

Easy to Get Necessary Care, Tests and Treatment (Attachment A, Table 18)

HCK

- No statistically significant findings were identified.

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CMFHP

- CMFHP HW19 general child respondents were more likely than UniCare HW19 general child respondents to report it was easy to get necessary care, tests and treatment.
- CMFHP HW19, HW21 and CMFHP overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report it was easy to get necessary care, tests and treatment.
- CMFHP HW19, HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.

UniCare

- UniCare HW19 general child respondents were less likely than CMFHP HW19 general child respondents to report it was easy to get necessary care, tests and treatment.
- Unicare HW21 and UniCare overall general child respondents were more likely than Medicaid consumers in the Nation to report it was easy to get necessary care, tests, and treatment.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report it was easy to get necessary care, tests and treatment.
- UniCare overall CCC respondents were more likely than Medicaid consumers in the Nation to report it was easy to get necessary care, tests, and treatment.

Kansas HealthWave

- HW19, HW21 and HW overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.
- HW19, HW21 and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report it was easy to get necessary care, tests and treatment.

Customer Service Gave Necessary Information/Help (Attachment A, Table 19)

HCK

- No statistically significant findings were identified.

CMFHP

- No statistically significant findings were identified.

UniCare

- UniCare HW21 general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report customer service always gave the necessary help and information.

Kansas HealthWave

- No statistically significant findings were identified.

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Doctor Seemed Informed and Up-to-Date About Care Received from Other Providers (Attachment A, Table 20)

HCK

- No statistically significant findings were identified.

CMFHP

- No statistically significant findings were identified.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW21 CCC respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors seemed informed and up-to-date about care received from other providers.

Has a Personal Doctor (Attachment A, Table 21)

HCK

- HCK adult survey respondents were more likely than HW19 adults to report having a personal doctor.

CMFHP

- No statistically significant findings were identified.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW19 adults were less likely than HCK adults to report having a personal doctor.

Quality of Care Measures

Doctors Listened Carefully (Attachment A, Table 22)

HCK

- HCK adult survey respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report their doctors listened carefully.
- HCK CCC survey respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report their doctors listened carefully.

CMFHP

- CMFHP adult survey respondents were more likely than UniCare adults to report their doctors listened carefully.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report their doctors listened carefully.

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UniCare

- UniCare adult survey respondents were less likely than CMFHP adults, and Medicaid consumers in the Midwest Region and the Nation, to report their doctors listened carefully.
- UniCare HW19, HW21 and overall CCC survey respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report their doctors listened carefully.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report their doctors listened carefully.

Kansas HealthWave

- No statistically significant findings were identified.

Doctors Respected Your Comments (Attachment A, Table 23)

HCK

- HCK adults were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors respected their comments.

CMFHP

- CMFHP adults were more likely than UniCare adults to report doctors respected their comments.

UniCare

- UniCare adults were less likely than CMFHP adults to report doctors respected their comments.

Kansas HealthWave

- No statistically significant findings were identified.

Doctors Spent Enough Time (Attachment A, Table 24)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adults were more likely than UniCare adults to report doctors spent enough time.
- CMFHP HW21 general child respondents were more likely than UniCare HW21 general child respondents, and Medicaid consumers in the Nation, to report doctors spent enough time.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors spent enough time.

UniCare

- Unicare adults were less likely than CMFHP adults and Medicaid consumers in the Midwest Region and the Nation, to report doctors spent enough time.
- Unicare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors spent enough time.
- Unicare HW21 general child respondents were less likely than CMFHP HW21 general child respondents, and Medicaid consumers in the Midwest Region and the Nation, to report doctors spent enough time.

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- Unicare general child respondents overall were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors spent enough time.
- Unicare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report doctors spent enough time.

Kansas HealthWave

- No statistically significant findings were identified.

Doctors Explained Things Clearly (Attachment A, Table 25)

HCK

- HCK adults were less likely than HW19 adults and Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- HCK general child respondents were less likely than HW19 general child respondents and Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- HCK CCC respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.

CMFHP

- CMFHP adults were more likely than UniCare adults and Medicaid consumers in the Nation to report doctors explained things clearly.
- CMFHP HW19, HW21 and CMFHP overall general child respondents were more likely than their UniCare counterparts to report doctors explained things clearly.
- CMFHP HW19 and CMFHP overall general child respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- CMFHP HW21 general child respondents were more likely than Medicaid consumers in the Nation to report doctors explained things clearly.
- CMFHP HW19 and HW21 CCC respondents were more likely than their UniCare CCC counterparts to report doctors explained things clearly.
- CMFHP HW21 CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.

UniCare

- UniCare adults were less likely than CMFHP adults, and Medicaid consumers in Midwest Region and the Nation, to report doctors explained things clearly.
- UniCare HW19, HW21 and UniCare overall general child respondents were less likely than their CMFHP general child counterparts to report doctors explained things clearly.
- Unicare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors explained things clearly.
- UniCare overall general child respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.
- UniCare HW19 and HW21 CCC respondents were less likely than their CMFHP counterparts to report doctors explained things clearly.

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- UniCare HW19 and UniCare overall CCC respondents were less likely than Medicaid consumers in the Midwest Region to report doctors explained things clearly.

Kansas HealthWave

- HW19 adult and general child respondents were more likely than HCK respondents to report doctors explained things clearly.

Doctors Discussed Pros and Cons of Treatment Choices (Attachment A, Table 26)

HCK

- HCK CCC respondents were less likely than HW19 respondents to report doctors discussed the pros and cons of treatment choices.

CMFHP

- CMFHP HW21 general child respondents were more likely than UniCare HW21 general child respondents to report doctors discussed the pros and cons of treatment choices.
- CMFHP HW19, HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to report doctors discussed the pros and cons of treatment choices.
- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors discussed the pros and cons of treatment choices.
- CMFHP HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to report doctors discussed the pros and cons of treatment choices.

UniCare

- UniCare HW21 general child respondents were less likely than CMFHP HW21 general child respondents, and Medicaid consumers in the Midwest Region and Nation, to report doctors discussed the pros and cons of treatment choices.
- UniCare HW19 CCC respondents were more likely than Medicaid consumers in the Nation to report doctors discussed the pros and cons of treatment choices.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents to report doctors discussed the pros and cons of treatment choices.

Kansas HealthWave

- HW19 and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed the pros and cons of treatment choices.
- HW19 CCC respondents were more likely than HCK CCC respondents to report doctors discussed the pros and cons of treatment choices.

Doctors Asked Consumer Which Treatment Choice They Thought Was Best (Attachment A, Table 27)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adults were more likely than UniCare adults and Medicaid consumers in the Midwest Region and Nation to report doctors

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asked which treatment choice they thought was best.

- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors asked which treatment choice they thought was best.

UniCare

- UniCare adults were less likely than CMFHP adults to report doctors asked which treatment choice they thought was best.
- UniCare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors asked which treatment choice they thought was best.
- UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and Nation to report doctors asked which treatment choice they thought was best.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents, and Medicaid consumers in the Midwest Region and Nation, to report doctors asked which treatment choice they thought was best.

Kansas HealthWave

- HW19 adult respondents were more likely than Medicaid consumers in the Midwest Region and Nation to report doctors asked which treatment choice they thought was best.

Doctor Discussed What You Can Do to Prevent Illness (Attachment A, Table 28)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP HW21 CCC respondents were more likely than UniCare HW21 CCC respondents to report doctors discussed what to do to prevent illness.
- CMFHP HW19 and overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.

UniCare

- UniCare HW19 general child respondents were more likely than UniCare HW21 general child respondents to report doctors discussed what to do to prevent illness.
- UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- UniCare HW19 CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.
- UniCare HW21 CCC respondents were less likely than CMFHP HW21 CCC respondents and Medicaid consumers in the Midwest Region and the Nation, to report doctors discussed what to do to prevent illness.

Kansas HealthWave

- HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.

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- HW19 and HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed what to do to prevent illness.

Smoking Cessation: Advised to Quit (Attachment A, Table 29)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors advised them to quit.

UniCare

- No statistically significant findings were identified.

Kansas HealthWave

- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors advised them to quit.

Smoking Cessation Medications Discussed (Attachment A, Table 30)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation medications.

UniCare

- UniCare adult smokers were less likely than Medicaid consumers in the Midwest Region to report doctors discussed smoking cessation medications.

Kansas HealthWave

- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation medications.

Smoking Cessation Strategies Discussed (Attachment A, Table 31)

HCK

- No statistically significant findings were identified.

CMFHP

- CMFHP adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation strategies.

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UniCare

- UniCare adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation strategies.

Kansas HealthWave

- HW19 adult smokers were less likely than Medicaid consumers in the Midwest Region and the Nation to report doctors discussed smoking cessation strategies.

Timeliness of Care Measures

Got Care for Illness/Injury as Soon as Needed (Attachment A, Table 32)

- No statistically significant findings were identified.

Got Non-Urgent Appointment as Soon as Needed (Attachment A, Table 33)

HCK

- HCK adults were more likely than Medicaid consumers in the Nation to indicate they got a non-urgent appointment as soon as needed.

CMFHP

- CMFHP HW19, HW21 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Nation to indicate they got a non-urgent appointment as soon as needed.
- CMFHP HW19 and CMFHP overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

UniCare

- UniCare HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

Kansas HealthWave

- HW21 general child respondents were less likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.
- HW19, HW21 and HW overall CCC respondents were more likely than Medicaid consumers in the Nation to indicate they got a non-urgent appointment as soon as needed.
- HW overall CCC respondents were more likely than Medicaid consumers in the Midwest Region to indicate they got a non-urgent appointment as soon as needed.

7.6 **Recommendations for future action.**

KFMC Recommendations (from validation and cross-plan/program comparisons)

1. All three plans/programs had too few responses to report the customer service composite for at least one population group. Consider using a two-year average, as is used for the smoking cessation measures, as a strategy for reporting this measure next

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- year.
2. Request each MCO submit response rate information specific to each sample, including HW19 Adult, HW19 General Child, HW19 Supplemental CCC sample, HW21 General Child, and HW21 Supplemental CCC sample.
 3. Ask each MCO to consider use of internal target satisfaction goals in addition to benchmark data for identification of opportunities for improvement.
 4. Ask individual plans/programs to review comparison results specific to their plan/program to identify other potential improvements.
 5. Require an MCO response to their vendor's CAHPS survey report findings as a deliverable for each plan in 2010.
 6. Focus statewide improvement efforts on areas identified as Kansas HealthWave opportunities for improvement, including: doctors discussed what to do to prevent illness and smoking cessation.
 7. Focus statewide improvement efforts on areas identified by two or more Kansas Medicaid/CHIP plans/programs as opportunities for improvement, including: satisfaction with personal doctor; how well doctors communicate; doctors listen carefully; doctors respect your comments; doctors explain things clearly; and doctors discuss the pros and cons of treatment choices.
 8. Schedule a meeting that includes representatives from each Kansas Medicaid/CHIP plan/program to discuss the cross-plan/program comparison results. During this meeting, explore joint interventions to address the areas for improvement that apply all Kansas Medicaid/CHIP plans/programs.
 9. Consider member education to address issues with understanding of information received from providers.
 10. Encourage each plan to share results of the cross-plan/program comparisons with their providers.