

Guidance for Conducting the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H Child Survey

Assessing patient experiences with health care is an important dimension of the quality of care. The Initial Core Set of children's health care quality measures for Medicaid and the Children's Health Insurance Program (CHIP) includes a measure of parents' experiences with their children's health care based on the CAHPS® Survey.¹ This technical assistance brief provides guidance to states in carrying out CAHPS data collection, including selecting the survey instrument, contracting with a survey vendor, generating a sample frame, and conducting the survey using standard protocols. Clarification on the CAHPS reporting requirement under the Children's Health Insurance Program Reauthorization Act (CHIPRA) legislation can be found in a separate fact sheet, available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CAHPSFactSheet.pdf>.

Version of CAHPS for Initial Core Set Reporting

CAHPS is a family of surveys designed to assess consumer experiences with care. Different versions of the survey are available for use among various populations, payers, and settings. The specific version of the CAHPS Survey used in the Initial Core Set of children's health care quality measures is the CAHPS Health Plan Survey 5.0H, Child Questionnaire, with the Children with Chronic Conditions (CCC) Supplemental Items. The core child questionnaire captures families' overall experiences with their children's health care. The CCC Supplemental Items focus on components of care essential for the successful treatment, management, and support of children with chronic conditions. Inclusion of the CCC Supplemental Items is encouraged by the Centers for Medicare & Medicaid Services (CMS), but the decision to do so is up to each state.

¹ CAHPS® (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

About This Brief

The purpose of this technical assistance brief is to assist states in the collection and reporting of the CAHPS survey as one of the Initial Core Set of Children's Health Care Quality Measures for Children in Medicaid and the Children's Health Insurance Program (Initial Core Set). This brief clarifies the survey version to use and provides additional detail about how to draw a sample and field the survey.

The CAHPS 5.0H core survey is the version included in the Healthcare Effectiveness Data and Information Set (HEDIS®)² and differs from the CAHPS 5.0 maintained by the Agency for Healthcare Research and Quality (AHRQ). Compared with CAHPS 5.0, the CAHPS 5.0H core survey includes six additional questions about health promotion and education, shared decision making, and coordination of care.³ Appendix A contains the CAHPS 5.0H Survey, Child Questionnaire, with the CCC Supplemental Items. Appendix B contains the CAHPS 5.0H Survey, Child Questionnaire, without the CCC Supplemental Items.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). © 1994–2013 by the National Committee for Quality Assurance, 1100 13th Street, NW, Suite 1000, Washington, DC 20005. All rights reserved. The HEDIS measures and specification contained in this technical assistance brief are owned and copyrighted by NCQA. Inclusion of NCQA performance measures or specifications in any commercial product requires permission of NCQA and is subject to a license at the discretion of NCQA. NCQA performance measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures.

³ In addition to the core survey and CCC supplemental items, states have the option, with prior NCQA approval, to add up to 20 supplemental questions. Information about adding supplemental questions is provided in the instructions for HEDIS 2013 Volume 3: Specification for Survey Measures, pp. 63–64 (NCQA 2012).

States and health plans that collect the CAHPS 5.0H Survey with CCC Supplemental Items produce two separate sets of results: one for the general child population and one for the population of children with chronic conditions. For each population, results include the same ratings, composites, and individual question summary rates as those reported for the CAHPS Health Plan Survey 5.0H, Child Questionnaire. In addition, five CCC-specific results are calculated for each population: (1) access to specialized services, (2) family-centered care: personal doctor who knows the child, (3) coordination of care for children with chronic conditions, (4) access to prescription medication, and (5) family-centered care: getting needed information. CCC results for the general population are provided so that survey sponsors can compare the experiences of the general child population and children with chronic conditions population.

Contracting with a Survey Vendor

In order to adhere to CAHPS 5.0H measure specifications, states must create a sample frame and contract with a National Committee for Quality Assurance (NCQA) certified HEDIS survey vendor that will administer the survey according to HEDIS protocols. The survey vendor draws the actual samples, fields the survey, and, if required, coordinates with other survey vendors to ensure samples are deduplicated and to combine results files.

NCQA maintains a list of survey vendors that have been trained and certified by NCQA to administer the CAHPS 5.0H survey. Each survey vendor is assigned a maximum capacity of samples. The capacities reflect the firm’s and NCQA’s projection of resources available to be dedicated to administer the survey. A current listing of NCQA-certified HEDIS survey vendors is available at http://www.ncqa.org/Portals/0/HEDISQM/Programs/SVC/2013%20HEDIS_CAHP5_Vendor_Web_List_12.20.12.pdf.

Generating a Sample Frame

States are responsible for generating a complete, accurate, and valid sample frame data file that is representative of the entire eligible population (Table 1). If states choose to have their sample frame validated, they should arrange for an auditor to verify the integrity of the sample frame before the survey vendor draws the sample and administers the survey.

To enable the survey vendor to generate the random sample, states must generate a sample frame data file for each survey to be fielded. States are strongly encouraged to generate sample frames after eliminating disenrolled and deceased enrollees and

Table 1. Eligible Population for CAHPS 5.0H

Product lines	Medicaid and/or CHIP
Ages	17 years and younger as of December 31 of the measurement year
Continuous enrollment	The last six months of the measurement year
Allowable gap	For a Medicaid or CHIP enrollee in a state where enrollment is verified monthly, the child may not have more than a one-month gap in coverage (the child must be enrolled for five of the last six months of the measurement year) For a Medicaid or CHIP enrollee in a state where enrollment is verified daily, the child may have no more than one gap in enrollment of up to 45 days during the last six months of the measurement year
Current enrollment	Currently enrolled at the time the survey is completed

Source: “HEDIS 2013 Volume 3: Specifications for Survey Measures” (NCQA 2012).

updating eligibility files with address and telephone number corrections. When sampling, keep the following in mind:

- If a state collects CAHPS data for both its Medicaid and CHIP programs, the state must generate separate sample frames for children in CHIP and Medicaid to meet CHIPRA requirements.⁴
- If each managed care plan carries out its own CAHPS survey, a separate sample frame must be generated for each plan.
- If a state has children enrolled in multiple delivery systems (e.g., managed care, primary care case management, and/or fee for service), the sample frame(s) should be representative of all children covered by the entire program. A state may generate one statewide sample frame that includes children in all delivery systems or separate sample frames for each delivery system. The sample frame(s) should represent all children that meet the eligibility criteria specified in Table 1.

⁴The CAHPS CHIPRA requirement applies to all Title XXI (CHIP) programs. States must submit data that are representative of all children covered by their entire Title XXI program (CHIP Medicaid Expansion, Separate CHIP Program, or Combination CHIP Program) beginning in 2013. If a state chooses to collect CAHPS data for children in both Medicaid and CHIP, the state must separately sample children enrolled in the Title XIX (Medicaid) and Title XXI (CHIP) programs and must separate data for children enrolled in Medicaid and CHIP when submitting data to CMS to fulfill the CHIPRA requirement.

For states that are interested in fielding the CAHPS 5.0H Child Questionnaire with CCC Supplemental Items, the sample frames include a pre-screen status code that identifies children who are more likely to have chronic conditions and children who are less likely to have chronic conditions. The vendor will use this flag to generate two samples: a sample of the general child population and a supplemental sample of children with chronic conditions (Table 2). The general population sample frame is generated first, and then the supplemental CCC sample frame is generated. The survey vendor is responsible for combining the two samples. The survey vendor will inform the state about how the data file should be formatted.

Table 2. Sample Size for the CAHPS 5.0H with CCC Supplemental Items

General child sample	1,650
Supplemental sample of children with chronic conditions	1,840
Total sample size	3,490

Source: Table CCC-4 in “HEDIS 2013 Volume 3: Specifications for Survey Measures” (NCQA 2012).

The CCC survey requires access to claims and encounter data to identify children who are likely to have chronic conditions and are eligible for the survey. Because claims and encounter data do not create a perfect sample frame and children with chronic conditions are relatively underrepresented in the population, larger sample sizes are required for the supplemental sample than for the general population sample to ensure sufficient responses to the CCC questions. Appendix C provides detailed instructions on using claims and encounter data to identify children who are more likely to have a chronic condition.

Conducting the CAHPS Survey Using Standard Protocols

The sampling and data collection procedures that the survey vendors have been trained and certified to carry out promote both the standardized administration of the survey instruments by different survey vendors and the comparability of resulting data. For results to comply with CAHPS 5.0H survey specifications, the state’s survey vendor must follow one of the standard

CAHPS 5.0H survey protocols. The state will have to work with its survey vendor to select one of two standard options for administering CAHPS 5.0H surveys:

1. The **mail-only methodology**, a three-wave mail protocol with three questionnaire mailings (81 days)
2. The **mixed methodology**, a two-wave mail protocol (two questionnaires) with telephone follow-up of at least three telephone attempts (70 days)

The basic tasks and time frames for the two protocol options are detailed in Tables 3 and 4. Regardless of the approach selected, the survey vendor is expected to maximize the final survey response rate and to pursue contacts with potential respondents until they have completed the selected data collection protocol. Achieving the targeted number of completed surveys does not justify ceasing the survey protocol.

Neither the state nor the survey vendor may offer incentives of any kind for completion of the survey. Either a parent or care-taker who is familiar with the child’s health care may complete the child survey. The survey vendor is expected to maintain the confidentiality of surveyed children.

Table 3. Survey Vendor Tasks and Time Frames for the Mail-Only Methodology

Vendor Tasks	Time Frame (Days)
Send first questionnaire and cover letter to the surveyed child’s family	0
Send a postcard reminder to nonrespondents 4–10 days after mailing the first questionnaire	4–10
Send a second questionnaire and second cover letter to nonrespondents approximately 35 days after mailing the first questionnaire	35
Send a second postcard reminder to nonrespondents 4–10 days after mailing the second questionnaire	39–45
Send a third questionnaire and third cover letter to nonrespondents approximately 25 days after mailing the second questionnaire	60
Allow at least 21 days for the respondent to return the third questionnaire	81

Source: “HEDIS 2013 Volume 3: Specifications for Survey Measures” (NCQA 2012).

Table 4. Survey Vendor Tasks and Time Frames for the Mixed Methodology

Vendor Tasks	Time Frame (Days)
Send first questionnaire and cover letter to the surveyed child's family	0
Send a postcard reminder to nonrespondents 4–10 days after mailing the first questionnaire	4–10
Send a second questionnaire and second cover letter to nonrespondents approximately 35 days after mailing the first questionnaire	35
Send a second postcard reminder to nonrespondents 4–10 days after mailing the second questionnaire	39–45
Initiate computer-assisted telephone interviews (CATI) for nonrespondents approximately 21 days after mailing the second questionnaire	56
Initiate systematic contact for all nonrespondents so that at least 3 telephone calls are attempted at different times of the day, on different days of the week, and in different weeks	56–70
Complete telephone follow-up sequence (completed interviews obtained or maximum calls reached for all nonrespondents) approximately 14 days after initiation	70

Source: “HEDIS 2013 Volume 3: Specifications for Survey Measures” (NCQA 2012).

For Further Information

Additional resources include presentation slides and Answers to Frequently Asked Questions from the technical assistance webinar, *Using CAHPS to Better Understand the Quality of Care for Children in Medicaid and CHIP*. A fact sheet about *Collecting and Reporting the CAHPS® Survey as Required Under the Children’s Health Insurance Program Reauthorization Act* is also available. These resources are available at

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>.

Information about the CAHPS family of surveys and the CAHPS Database is available at <http://www.cahps.ahrq.gov/>. Information about the NCQA’s HEDIS Survey Vendor Certification program can be found at <http://www.ncqa.org/tabid/170/Default.aspx>. Information on “HEDIS 2012 Volume 3: Specifications for Survey Measures” is available at <http://www.ncqa.org/tabid/78/Default.aspx>.

The technical specifications for the Initial Core Set of children’s health care quality measures can be found in the *Initial Core Set of Children’s Health Care Quality Measures: Technical Specifications and Resource Manual for Federal Fiscal Year 2012 Reporting* (CMS 2012). For technical assistance with collecting or reporting CAHPS data, contact the technical assistance mailbox at CHIPRAQualityTA@cms.hhs.gov.

References

Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services. “Initial Core Set of Children’s Health Care Quality Measures: Technical Specifications and Resource Manual for Federal Fiscal Year 2012 Reporting.” Baltimore, MD: CMS, 2012. Available at [<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/InitialCoreSetResourceManual.pdf>].

National Committee for Quality Assurance. “HEDIS 2013 Volume 3: Specifications for Survey Measures.” Washington, DC: National Committee for Quality Assurance, 2012.

**CAHPS[®] 5.0H, Child Questionnaire
(With CCC Measure)
SURVEY INSTRUCTIONS**

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

Yes → **If Yes, Go to Question 1**

No

{This box should be placed on the Cover Page}

Your privacy is protected. All information that would let someone identify you or your family will be kept private. {SURVEY VENDOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

***If you want to know more about this study, please call
{SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.***

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

1. Our records show that your child is now in {INSERT HEALTH PLAN NAME}. Is that right?

¹ Yes → If Yes, Go to Question 3

² No

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

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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

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

¹ Yes

² No → If No, Go to Question 5

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

¹ Never

² Sometimes

³ Usually

⁴ Always

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

¹ Yes

² No → If No, Go to Question 7

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

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

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

⁰ None → If None, Go to Question 16

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

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- ¹ Yes
- ² No

9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

10. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

- ¹ Yes
- ² No → If No, Go to Question 14

11. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?

- ¹ Not at all
- ² A little
- ³ Some
- ⁴ A lot

12. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- ¹ Not at all
- ² A little
- ³ Some
- ⁴ A lot

13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- ¹ Yes
- ² No

14. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- ⁰⁰ 0 Worst health care possible
- ⁰¹ 1
- ⁰² 2
- ⁰³ 3
- ⁰⁴ 4
- ⁰⁵ 5
- ⁰⁶ 6
- ⁰⁷ 7
- ⁰⁸ 8
- ⁰⁹ 9
- ¹⁰ 10 Best health care possible

15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

16. Is your child now enrolled in any kind of school or daycare?

- ¹ Yes
- ² No → If No, Go to Question 19

17. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- ¹ Yes
- ² No → If No, Go to Question 19

18. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- ¹ Yes
- ² No

SPECIALIZED SERVICES

- 19. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?**
- ¹ Yes
² No → If No, Go to Question 22
- 20. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?**
- ¹ Never
² Sometimes
³ Usually
⁴ Always
- 21. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?**
- ¹ Yes
² No
- 22. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?**
- ¹ Yes
² No → If No, Go to Question 25
- 23. In the last 6 months, how often was it easy to get this therapy for your child?**
- ¹ Never
² Sometimes
³ Usually
⁴ Always
- 24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?**
- ¹ Yes
² No
- 25. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?**
- ¹ Yes
² No → If No, Go to Question 28
- 26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?**
- ¹ Never
² Sometimes
³ Usually
⁴ Always
- 27. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?**
- ¹ Yes
² No

28. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- ¹ Yes
² No → If No, Go to Question 30

29. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

- ¹ Yes
² No

YOUR CHILD'S PERSONAL DOCTOR

30. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- ¹ Yes
² No → If No, Go to Question 45

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?

⁰ None → If None, Go to Question 41

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

32. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

33. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- ¹ Never
² Sometimes
³ Usually
⁴ Always

34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

35. Is your child able to talk with doctors about his or her health care?

- ¹ Yes
- ² No → If No, Go to Question 37

36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- ¹ Yes
- ² No

39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- ¹ Yes
- ² No → If No, Go to Question 41

40. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

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

- ⁰⁰ 0 Worst personal doctor possible
- ⁰¹ 1
- ⁰² 2
- ⁰³ 3
- ⁰⁴ 4
- ⁰⁵ 5
- ⁰⁶ 6
- ⁰⁷ 7
- ⁰⁸ 8
- ⁰⁹ 9
- ¹⁰ 10 Best personal doctor possible

42. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

- ¹ Yes
² No → If No, Go to Question 45

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

- ¹ Yes
² No

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

- ¹ Yes
² No

GETTING HEALTH CARE FROM SPECIALISTS

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

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

- ¹ Yes
² No → If No, Go to Question 49

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

- ¹ Never
² Sometimes
³ Usually
⁴ Always

47. How many specialists has your child seen in the last 6 months?

- ⁰ None → If None, Go to Question 49
¹ 1 specialist
² 2
³ 3
⁴ 4
⁵ 5 or more specialists

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

- ⁰⁰ 0 Worst specialist possible
- ⁰¹ 1
- ⁰² 2
- ⁰³ 3
- ⁰⁴ 4
- ⁰⁵ 5
- ⁰⁶ 6
- ⁰⁷ 7
- ⁰⁸ 8
- ⁰⁹ 9
- ¹⁰ 10 Best specialist possible

YOUR CHILD'S HEALTH PLAN

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

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

- ¹ Yes
- ² No → If No, Go to Question 52

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

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

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

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

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

- ¹ Yes
- ² No → If No, Go to Question 54

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

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

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

- ⁰⁰ 0 Worst health plan possible
- ⁰¹ 1
- ⁰² 2
- ⁰³ 3
- ⁰⁴ 4
- ⁰⁵ 5
- ⁰⁶ 6
- ⁰⁷ 7
- ⁰⁸ 8
- ⁰⁹ 9
- ¹⁰ 10 Best health plan possible

PRESCRIPTION MEDICINES

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

- ¹ Yes
- ² No → If No, Go to Question 58

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

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

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

- ¹ Yes
- ² No

ABOUT YOUR CHILD AND YOU

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

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

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

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

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

- 1 Yes
- 2 No → If No, Go to Question 63

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

- 1 Yes
- 2 No → If No, Go to Question 63

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No → If No, Go to Question 66

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

- 1 Yes
- 2 No → If No, Go to Question 66

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No → If No, Go to Question 69

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

- 1 Yes
- 2 No → If No, Go to Question 69

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

- 1 Yes
- 2 No

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

- ¹ Yes
² No → If No, Go to Question 72

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

- ¹ Yes
² No → If No, Go to Question 72

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

- ¹ Yes
² No

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

- ¹ Yes
² No → If No, Go to Question 74

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

- ¹ Yes
² No

74. What is your child's age?

- ⁰⁰ Less than 1 year old
_____ YEARS OLD (*write in*)

75. Is your child male or female?

- ¹ Male
² Female

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

- ¹ Yes, Hispanic or Latino
² No, not Hispanic or Latino

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

- ^a White
^b Black or African-American
^c Asian
^d Native Hawaiian or other Pacific Islander
^e American Indian or Alaska Native
^f Other

78. What is your age?

- ⁰ Under 18
¹ 18 to 24
² 25 to 34
³ 35 to 44
⁴ 45 to 54
⁵ 55 to 64
⁶ 65 to 74
⁷ 75 or older

79. Are you male or female?

- ¹ Male
² Female

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

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

81. How are you related to the child?

- 1 Mother or father
- 2 Grandparent
- 3 Aunt or uncle
- 4 Older brother or sister
- 5 Other relative
- 6 Legal guardian
- 7 Someone else

82. Did someone help you complete this survey?

- 1 Yes → **If Yes, Go to Question 83**
- 2 No → **Thank you. Please return the completed survey in the postage-paid envelope.**

83. How did that person help you?

Mark one or more.

- a Read the questions to me
- b Wrote down the answers I gave
- c Answered the questions for me
- d Translated the questions into my language
- e Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.

**CAHPS[®] 5.0H, Child Questionnaire
(Without CCC Measure)
SURVEY INSTRUCTIONS**

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

Yes → **If Yes, Go to Question 1**

No

{This box should be placed on the Cover Page}

Your privacy is protected. All information that would let someone identify you or your family will be kept private. {SURVEY VENDOR NAME} will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

***If you want to know more about this study, please call
{SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.***

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

1. Our records show that your child is now in {INSERT HEALTH PLAN NAME}. Is that right?

- ¹ Yes → If Yes, Go to Question 3
² No

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

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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

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

- ¹ Yes
² No → If No, Go to Question 5

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

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

- ¹ Yes
² No → If No, Go to Question 7

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

0 None →If None, Go to Question 15

- 1 1 time
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more times

8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

- 1 Yes
- 2 No

9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

- 1 Yes
- 2 No →If No, Go to Question 13

10. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot

11. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- 1 Not at all
- 2 A little
- 3 Some
- 4 A lot

12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- 1 Yes
- 2 No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- 0 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

14. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

YOUR CHILD'S PERSONAL DOCTOR

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- 1 Yes
- 2 No → If No, Go to Question 27

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- 0 None → If None, Go to Question 26
- 1 1 time
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more times

17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

18. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

19. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

20. Is your child able to talk with doctors about his or her health care?

- 1 Yes
- 2 No → If No, Go to Question 22

21. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- 1 Yes
- 2 No

24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- 1 Yes
- 2 No → If No, Go to Question 26

25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 0⁰⁰ 0 Worst personal doctor possible
- 1⁰¹ 1
- 2⁰² 2
- 3⁰³ 3
- 4⁰⁴ 4
- 5⁰⁵ 5
- 6⁰⁶ 6
- 7⁰⁷ 7
- 8⁰⁸ 8
- 9⁰⁹ 9
- 10¹⁰ 10 Best personal doctor possible

GETTING HEALTH CARE FROM SPECIALISTS

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

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

¹ Yes

² No → If No, Go to Question 31

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

¹ Never

² Sometimes

³ Usually

⁴ Always

29. How many specialists has your child seen in the last 6 months?

⁰ None → If None, Go to Question 31

¹ 1 specialist

² 2

³ 3

⁴ 4

⁵ 5 or more specialists

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

⁰⁰ 0 Worst specialist possible

⁰¹ 1

⁰² 2

⁰³ 3

⁰⁴ 4

⁰⁵ 5

⁰⁶ 6

⁰⁷ 7

⁰⁸ 8

⁰⁹ 9

¹⁰ 10 Best specialist possible

YOUR CHILD'S HEALTH PLAN

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

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

- ¹ Yes
² No →If No, Go to Question 34

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

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

- ¹ Yes
² No →If No, Go to Question 36

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

- ¹ Never
² Sometimes
³ Usually
⁴ Always

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

- ⁰⁰ 0 Worst health plan possible
⁰¹ 1
⁰² 2
⁰³ 3
⁰⁴ 4
⁰⁵ 5
⁰⁶ 6
⁰⁷ 7
⁰⁸ 8
⁰⁹ 9
¹⁰ 10 Best health plan possible

ABOUT YOUR CHILD AND YOU

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

- ¹ Excellent
- ² Very Good
- ³ Good
- ⁴ Fair
- ⁵ Poor

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

- ¹ Excellent
- ² Very Good
- ³ Good
- ⁴ Fair
- ⁵ Poor

39. What is your child's age?

- ⁰⁰ Less than 1 year old
_____ YEARS OLD (*write in*)

40. Is your child male or female?

- ¹ Male
- ² Female

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

- ¹ Yes, Hispanic or Latino
- ² No, not Hispanic or Latino

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

- ^a White
- ^b Black or African-American
- ^c Asian
- ^d Native Hawaiian or other Pacific Islander
- ^e American Indian or Alaska Native
- ^f Other

43. What is your age?

- ⁰ Under 18
- ¹ 18 to 24
- ² 25 to 34
- ³ 35 to 44
- ⁴ 45 to 54
- ⁵ 55 to 64
- ⁶ 65 to 74
- ⁷ 75 or older

44. Are you male or female?

- ¹ Male
- ² Female

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

- ¹ 8th grade or less
- ² Some high school, but did not graduate
- ³ High school graduate or GED
- ⁴ Some college or 2-year degree
- ⁵ 4-year college graduate
- ⁶ More than 4-year college degree

46. How are you related to the child?

- ¹ Mother or father
- ² Grandparent
- ³ Aunt or uncle
- ⁴ Older brother or sister
- ⁵ Other relative
- ⁶ Legal guardian
- ⁷ Someone else

47. Did someone help you complete this survey?

- ¹ Yes → **If Yes, Go to Question 48**
- ² No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**48. How did that person help you?
Mark one or more.**

- ^a Read the questions to me
- ^b Wrote down the answers I gave
- ^c Answered the questions for me
- ^d Translated the questions into my language
- ^e Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope.

Appendix C: Sampling Protocol for the CAHPS 5.0H Child Survey

This appendix provides additional information on the sampling protocol for the CAHPS 5.0H survey, including detailed instructions for identifying children with chronic conditions who are eligible for inclusion in the supplemental sample and guidance on drawing the sample, deduplication, and oversampling.

Identifying the Supplemental Sample of Children with Chronic Conditions

To identify children with chronic conditions, states should search claims and encounters for the measurement year and the year before the measurement year to assign a prescreen status code to each child in the CAHPS survey sample frame data file. The prescreen status code identifies children who are more likely to have a chronic condition. The prescreen status codes are defined as follows:

- 1 = No claims or encounters during the measurement year or the year before the measurement year that meet the criteria listed for prescreen status code 2.
- 2 = The member has claims or encounters during the measurement year or the year before the measurement year that meet one or more of the following criteria:

- At least one encounter in an outpatient, non-acute inpatient, acute inpatient, or emergency department setting during the measurement year or the year before the measurement year with a diagnosis shown in Table C1. The diagnosis does not have to be the principal diagnosis. Table C3 shows the codes used to identify the visit type.
- At least two encounters in an outpatient setting on different dates of service during the measurement year or the year before the measurement year with a diagnosis listed in Table C2. Two visits must have the same diagnosis (for example, one visit for asthma and one visit for conduct disorder do not qualify). The diagnosis does not have to be the principal diagnosis. Table C3 shows the codes used to identify the visit type.
- At least one encounter in an acute inpatient, non-acute inpatient, or emergency department setting during the measurement year or the year before the measurement year with at least one diagnosis shown in Table C2. Table C3 shows the codes used to identify the visit type.

Table C1. Codes Used to Assign Prescreen Status Code 2 for Diagnoses with at Least One Encounter

Description	ICD-9-CM Diagnosis
Infectious Disease	010–018, 030, 040.2, 042, 046, 079.5, 135, 136.3
Malignancies	140–209, 230–239
Thyroid Disorders	240–246
Diabetes	250
Other Endocrine Disorders	252, 253, 255
Nutritional Deficiencies	260–263, 268.0–268.1
Metabolic Disorders	270–273, 275, 279
Cystic Fibrosis	277
Blood Disorders	281–284, 286, 288
Psychoses	290–299
Neuroses, Alcohol/Drugs, Depression, Eating Disorders	300–311
Developmental Delay (Speech, Reading, Coordination)	315
Mental Retardation	317–319
Central Nervous System Diseases, Hereditary and Degenerative	330, 331.3–331.4, 331.89, 333.5, 333.7, 334–335
Central Nervous System Diseases, Other	340–341, 344, 352.6, 356
Cerebral Palsy	343
Epilepsy	345
Muscular Dystrophy	359
Eye Disorders	365.14, 369
Hearing Loss	389

Appendix C: Sampling Protocol for the CAHPS 5.0H Child Survey (continued)

Description	ICD-9-CM Diagnosis
Other Circulatory System Disorders	393–398, 424.1, 424.3, 425, 446.0, 446.2–446.4, 446.6–446.7
Other Respiratory Diseases	496, 516
Ulcer	531–534
Noninfectious Enteritis and Colitis	555–556
Other Digestive Diseases	571.4–571.9, 577.1, 579.0–579.1, 579.8
Nephritis, Nephrosis	581–583, 585–586, 588.0–588.1
Skin Diseases	695.4
Arthropathies	710, 714
Connective Tissue Diseases or Disorders	720, 728
Osteopathies	730.1, 732
Spina Bifida	741
Congenital Anomalies (Except Spina Bifida)	742, 745–749, 750.3, 751.2, 751.61, 751.62, 752.7, 753, 754.3, 755.2–755.3, 755.55, 756, 758, 759.5, 759.7–759.8, 760.71
Prematurity	765
Perinatal Diseases	770.7, 771.1–771.2
Severe Injury	854, 952.0, 952.1, 994.1

Source: Table CCC-1 in “HEDIS 2013 Volume 3: Specifications for Survey Measures” (NCQA 2012).

Note: Include all paid, suspended, pending, and denied claims.

ICD-9-CM = International Classification of Diseases, 9th Revision, Clinical Modification.

Table C2. Codes Used to Assign Prescreen Status Code 2 for Diagnoses with at Least Two Outpatient Encounters or One Inpatient or Emergency Department Encounter

Description	ICD-9-CM Diagnosis
Conduct Disorder	312
Emotional Disturbance	313
Attention Deficit Hyperactivity Disorder	314
Asthma	493
Failure to Thrive	783.0, 783.21, 783.4

Source: Table CCC-2 in “HEDIS 2013 Volume 3: Specifications for Survey Measures” (NCQA 2012).

Note: Include all paid, suspended, pending, and denied claims.

ICD-9-CM = International Classification of Diseases, 9th Revision, Clinical Modification.

Appendix C: Sampling Protocol for the CAHPS 5.0H Child Survey (continued)

Table C3. Codes Used to Identify Visit Types

Visit Type	Current Procedural Terminology (CPT)	Uniform Billing (UB) Revenue
Outpatient	90801, 90802, 90804–90815, 90951–90959, 90963–90965, 90967–90969, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99384, 99391–99394, 99401–99404, 99411, 99412, 99420, 99429	051x, 0520–0523, 0526–0529, 057x–059x, 082x–085x, 088x, 0982, 0983
Nonacute Inpatient	99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337	0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525
Acute Inpatient	90816–90819, 90821–90824, 90826–90829, 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 99291, 99292, 99460–99463, 99468, 99469, 99471, 99472, 99475–99480	010x, 0110–0114, 0119, 0120–0124, 0129, 0130–0134, 0139, 0140–0144, 0149, 0150–0154, 0159, 016x, 017x, 020x, 021x, 072x, 080x, 0987
Emergency Department	99281–99285	045x, 0981

Source: Table CCC-3 in “HEDIS 2013 Volume 3: Specifications for Survey Measures” (NCQA 2012).

Note: Include all paid, suspended, pending, and denied claims.

Drawing the Sample

The survey vendor is responsible for drawing the survey samples from the sample frame generated by the state. For each survey administered, the survey vendor draws a random sample of 1,650 children from the general child population and then, if the state has decided to collect the additional items, draws the CCC supplemental sample. The survey vendor selects 1,840 children for the CCC supplemental sample from the set of enrollees with a prescreen status code of 2 who were not already selected for the general child population sample. The survey vendor combines the general child population sample and the CCC supplemental sample for survey administration and submission of survey results.

Deduplication

To reduce respondent burden, the survey vendor deduplicates samples so that only one child per household is included in the child sample. If a survey is being collected and reported more than once for a given sample frame (for example, if a state is sponsoring a statewide survey for all Medicaid/CHIP-enrolled children and a managed care plan is also conducting its own survey), survey vendors may collaborate to deduplicate samples. With the approval of the state and other survey sponsor(s), vendors may do the following:

- One survey vendor may draw two deduplicated random samples and provide another survey vendor with one sample.
- One survey vendor may share the list of sampled children with another survey vendor. The second survey vendor excludes these children (as well as all other members of the household) from the sample frame before drawing the second random sample.

Oversampling

A state should instruct its survey vendor to oversample if it has a prior history of low survey response rates, if it anticipates that a significant number of addresses or telephone numbers in the enrollment files are inaccurate, if it cannot eliminate disenrolled children from eligibility files, or if it does not expect to achieve a denominator of 100 for most survey calculations. Required survey sample sizes are based on the average number of complete and valid surveys obtained by health plans during prior years; therefore, using the required sample size for a given survey does not guarantee that a state will achieve the goal of 411 completed surveys or the required denominator of 100 complete responses for each survey result. The state should work with its survey vendor to determine the number of complete and valid surveys it can expect to obtain without oversampling based on prior experience.

If its prior response rates or the number of completed surveys is expected to fall below the 411 completed surveys required, the survey vendor should oversample, in increments of 5 percent, to achieve the goal of 411 completed surveys. For example, if the vendor increases the sample by 5 percent, the final sample size would be 1,733. If the vendor increases the sample by 20 percent, the final sample size would be 1,980. Table C4 displays final sample sizes at various oversampling rates. The survey vendor will work with the state to determine an appropriate sampling strategy. For a detailed discussion of oversampling, see “HEDIS 2013 Volume 3: Specifications for Survey Measures,” Appendix 7, “General Recommendations for Oversampling Survey Measures” (NCQA 2012).

Appendix C: Sampling Protocol for the CAHPS 5.0H Child Survey (continued)

Table C4. Oversampling Rates and Final Sample Sizes for the CAHPS 5.0H Child Survey

Sample	Required Sample Size	Oversampling Rate and Final Sample Size					
		5%	10%	15%	20%	25%	30%
CAHPS 5.0H General Child Population Sample	1,650	1,733	1,815	1,898	1,980	2,063	2,145
CCC Supplemental Sample	1,840	1,932	2,024	2,116	2,208	2,300	2,392
Total Sample Size	3,490	3,665	3,839	4,014	4,188	4,363	4,537

Source: Tables S-4 and CCC-5 in “HEDIS 2013 Volume 3: Specifications for Survey Measures” (NCQA 2012).