

2021 CAHPS Medicaid Managed Care Survey *Summary Report*

Managed Care Quality and Monitoring Division
California Department of Health Care Services

March 2022

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Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

- ◆ **AHRQ**—Agency for Healthcare Research and Quality
- ◆ **CAHPS®**—Consumer Assessment of Healthcare Providers and Systems¹
- ◆ **CalAIM**—California Advancing and Innovating Medi-Cal
- ◆ **CATI**—Computer Assisted Telephone Interviewing
- ◆ **CMS**—Centers for Medicare & Medicaid Services
- ◆ **DHCS**—California Department of Health Care Services
- ◆ **EQR**—external quality review
- ◆ **EQRO**—external quality review organization
- ◆ **HEDIS®**—Healthcare Effectiveness Data and Information Set²
- ◆ **HSAG**—Health Services Advisory Group, Inc.
- ◆ **MCMC**—Medi-Cal Managed Care program
- ◆ **MCP**—Medi-Cal managed care health plan
- ◆ **NCOA**—National Change of Address
- ◆ **NCQA**—National Committee for Quality Assurance
- ◆ **PSP**—Population-specific health plan

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

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

1. Executive Summary

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with managed care plans, measure and report on performance to assess the quality and appropriateness of care and services provided to members. The California Department of Health Care Services (DHCS) periodically assesses the perceptions and experiences of Medi-Cal Managed Care program (MCMC) members as part of its process for evaluating the quality of health care services provided by Medi-Cal managed care health plans (MCPs) and population-specific health plans (PSPs) to MCMC members.

DHCS contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to administer and report the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey.¹⁻¹ The administration of the CAHPS Survey is an optional Medicaid external quality review (EQR) activity to assess managed care members' experiences with their health care services. The goal of the CAHPS Health Plan Survey is to provide performance feedback that is actionable and will aid in improving overall member experience. DHCS required that CAHPS Surveys be administered to both adult members and parents or caretakers of child members.

This report presents the 2021 CAHPS results from adult members and parents or caretakers of child members enrolled in an MCP or PSP who completed surveys from February to May 2021, which represent members' experiences with care and services over the prior six months. The standardized survey instruments selected were the CAHPS 5.1 Adult and Child Medicaid Health Plan Surveys with the Healthcare Effectiveness Data and Information Set (HEDIS®) supplemental item set (i.e., CAHPS 5.1H Adult and Child Medicaid Health Plan Surveys).^{1-2,1-3} Table 1.1 provides a list of the 25 MCPs and two PSPs that participated in the survey.¹⁻⁴ The PSPs have specialized populations that are not representative of the entire Medi-Cal population. The two PSPs included in the adult Medicaid and child Medicaid CAHPS surveys are AIDS Healthcare Foundation and Rady Children's Hospital—San Diego, respectively. One PSP was not included in the survey, Senior Care Action Network (SCAN) Health Plan, due to small enrollment numbers and an insufficient number of eligible members for the survey.

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

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

¹⁻³ HSAG used the CAHPS 5.1H Child Medicaid Health Plan Survey without the children with chronic conditions measurement set.

¹⁻⁴ HSAG refers to Kaiser NorCal and Kaiser SoCal as two separate MCPs in this report; however, DHCS only holds one contract with Kaiser (KP Cal, LLC).

Table 1.1—Participating MCPs and PSPs

MCP/PSP Names	
Aetna Better Health of California (Aetna)	Health Plan of San Joaquin (HPSJ)
AIDS Healthcare Foundation (AHF)	Health Plan of San Mateo (HPSM)
Alameda Alliance for Health (AAH)	Inland Empire Health Plan (IEHP)
Blue Cross of California Partnership Plan, Inc. DBA Anthem Blue Cross Partnership Plan (Anthem Blue Cross)	KP Cal, LLC Kaiser NorCal (Kaiser NorCal)
Blue Shield of California Promise Health Plan (Blue Shield Promise)	KP Cal, LLC Kaiser SoCal (Kaiser SoCal)
California Health & Wellness Plan (CHW)	Kern Health Systems, DBA Kern Family Health Care (KHS)
CalOptima	L.A. Care Health Plan (L.A. Care)
CalViva Health (CalViva)	Molina Healthcare of California (Molina)
CenCal Health (CenCal)	Partnership HealthPlan of California (Partnership)
Central California Alliance for Health (CCAH)	Rady Children’s Hospital—San Diego (RCHSD)
Community Health Group Partnership Plan (CHG)	San Francisco Health Plan (SFHP)
Contra Costa Health Plan (CCHP)	Santa Clara Family Health Plan (SCFHP)
Gold Coast Health Plan (GCHP)	United Healthcare Community Plan (UHC)
Health Net Community Solutions, Inc. (Health Net)	

Performance Highlights

Sample sizes for the 2021 CAHPS Survey were established with the goal of obtaining 411 completed surveys at the MCP level.¹⁻⁵ While the sample sizes were determined based on these goals, some measures at the MCP level had fewer than 100 responses. According to NCQA HEDIS Specifications for Survey Measures, if a measure has fewer than 100 responses, the measure is not reportable.¹⁻⁶ NCQA HEDIS Specifications for Survey Measures recommend targeting 411 completed surveys to meet the following statistical parameters: 1) confidence intervals with a margin of error under 5 percent at the 95 percent confidence level, and 2) statistical power of at least 80 percent in detecting differences of 10 percentage points.¹⁻⁷

HSAG calculated State weighted scores for the adult and child Medicaid populations. Overall, the differences between the State weighted scores and the NCQA Medicaid national 50th percentiles ranged from -29.0 percentage points to 15.0 percentage points, with an average of -4.8 percentage points for the adult population and from -15.5 percentage points to 12.9 percentage points, with an average of -2.0 percentage points for the child population.

In addition, HSAG conducted State Comparisons analyses to facilitate comparisons of MCPs' performance to NCQA Medicaid national 50th percentiles. HSAG did not have access to the 95 percent confidence intervals of the national averages; therefore, HSAG could only compare each MCP's 95 percent confidence interval to the national average (and not the national 95 percent confidence interval). Caution should be taken when interpreting these results.

Kaiser SoCal showed the greatest level of performance by scoring significantly above the 2020 NCQA Medicaid national 50th percentiles for the following reportable measures:

- ◆ Rating of Health Plan (adult and child populations)
- ◆ Rating of All Health Care (adult and child populations)
- ◆ Rating of Personal Doctor (child population only)
- ◆ Getting Needed Care (child population only)

¹⁻⁵ Based on the sample sizes, it would be expected that the PSPs would not have reached 411 completed surveys; therefore, caution should be taken when interpreting PSP-level results.

¹⁻⁶ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

¹⁻⁷ *ibid.*

The following MCPs each scored significantly above the 2020 NCQA Medicaid national 50th percentile for one measure:

- ◆ HPSM—Rating of Specialist Seen Most Often (adult population)
- ◆ IEHP—Customer Service (adult population)
- ◆ CenCal—Rating of Health Plan (child population)

Aetna showed the greatest opportunity for improvement, with this MCP having the most reportable measures demonstrating significantly lower performance than the 2020 NCQA Medicaid national 50th percentiles. The measures with scores lower than the 50th percentiles were:

- ◆ Rating of Health Plan (adult and child populations)
- ◆ Rating of All Health Care (adult population only)
- ◆ Rating of Personal Doctor (adult and child populations)
- ◆ Getting Needed Care (adult population only)
- ◆ Getting Care Quickly (adult population only)
- ◆ How Well Doctors Communicate (adult population only)
- ◆ Advising Smokers and Tobacco Users to Quit (adult population only)
- ◆ Discussing Cessation Medications (adult population only)

Anthem Blue Cross also showed an opportunity for improvement, as this MCP had the second most reportable measures with scores lower than the 50th percentiles. Anthem Blue Cross received significantly lower scores than the 2020 NCQA Medicaid national 50th percentiles for the following reportable measures:

- ◆ Rating of Health Plan (adult and child populations)
- ◆ Rating of Personal Doctor (adult and child populations)
- ◆ Getting Needed Care (adult population only)
- ◆ How Well Doctors Communicate (child population only)
- ◆ Advising Smokers and Tobacco Users to Quit (adult population only)
- ◆ Discussing Cessation Medications (adult population only)
- ◆ Discussing Cessation Strategies (adult population only)

DHCS demonstrates a commitment to monitor and improve members' experiences through the administration of the CAHPS Survey. The CAHPS Survey plays an important role as a quality improvement tool for the MCPs and PSPs. The standardized data and results can be used to identify relative strengths and weaknesses in performance, identify areas for improvement, and trend progress over time.

Based on 2021 CAHPS performance, MCPs have opportunities to improve members' experience with care and services. MCPs have the greatest opportunities for improvement on the Rating of Health Plan, Rating of Personal Doctor, Getting Needed Care, How Well Doctors Communicate, Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies measures. Low performance in these areas may point to issues with access to and timeliness and quality of care, as well as communication from providers to members.

Considerations

While HSAG's comparison of the 2021 results to previous years identified issues with incomplete and inaccurate contact information for adult and child members, DHCS is actively working to improve the completeness and accuracy of these data through the California Advancing and Innovating Medi-Cal (CalAIM) initiative on improving beneficiary contact information. HSAG encourages DHCS to continue investigating the causes for the incomplete and inaccurate data and identifying the actions needed to improve the data quality.

In addition, HSAG observed that several measures scored below the NCQA Medicaid national 50th percentiles for MCPs across the adult and child populations, which may reflect potential issues with the quality and timeliness of, and access to care for members.¹⁻⁸ HSAG suggests that DHCS consider working with MCPs to identify if potential issues are systemic beyond the impact of the public health emergency and, if so, identify strategies for improving upon the areas that fell below the NCQA Medicaid national 50th percentiles.

DHCS and MCPs/PSPs should assess barriers to member access to interpreter services and determine why certain groups report less positive experiences with their health care compared to other groups. DHCS and MCPs/PSPs should design interventions to address the barriers, targeting the groups that report the least positive experiences, to ensure that members who need an interpreter receive these services (e.g., key drivers analysis, focus groups, and interviews).

¹⁻⁸ The list of measures may be found under the "Considerations" heading in Section 6 of this report ("Conclusions and Considerations").

Sampling Procedures

Members eligible for sampling included those who were MCMC members at the time the sample was drawn and who were continuously enrolled in the MCP/PSP for at least five of the last six months of 2020 (July through December) with no more than a 45-day gap in enrollment. Adult members eligible for sampling included those who were 18 years of age or older (as of December 31, 2020). Child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2020).

For the adult and child Medicaid managed care populations, HSAG selected a systematic sample of Medicaid members from each of the MCPs for surveying. A minimum of 1,350 adult Medicaid members and 1,650 child Medicaid members were selected from each of the participating MCPs. Additionally, HSAG conducted a general oversample of the adult and child Medicaid populations, where appropriate. For the PSPs, HSAG selected all eligible adult and child Medicaid members. Based on these sampling approaches, HSAG administered the 2021 CAHPS surveys to 57,762 adult members and 58,770 parents or caretakers of child members.

Survey Administration

The administration survey process allowed adult members and parents or caretakers of child members two methods by which they could complete the surveys. The first, or mail phase, consisted of an English or Spanish survey being mailed to the sampled adult members and parents or caretakers of child members. All non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of conducting Computer Assisted Telephone Interviewing (CATI) of sampled adult members and parents or caretakers of child members who had not mailed in a completed survey. Additional information on the survey protocol is included in the Reader's Guide section beginning on page 4-2.

CAHPS Results

CAHPS experience measures are derived from individual questions that ask for a general rating, as well as groups of questions that form composite measures. Results presented in this report include four global ratings: Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. Four composite measures are also reported: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service. For the adult population only, three Effectiveness of Care measures are reported: Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies.

In this report, HSAG presents State weighted and MCP-level scores, and includes national adult and child Medicaid data. HSAG compared the plan-level results to national adult and child Medicaid data.

Medi-Cal Managed Care Overview

In the State of California, DHCS administers the Medicaid program (Medi-Cal) through its fee-for-service (FFS) and managed care delivery systems. Medi-Cal provides services to more than 13 million members (approximately one-third of all Californians), including low-income children and families, Seniors and Persons with Disabilities, and pregnant women. Approximately 83 percent of members are enrolled in a Medi-Cal managed care plan, while the remaining members receive their care through DHCS' FFS delivery system.³⁻¹

Medi-Cal Managed Care Delivery System

MCMC provides health care services to beneficiaries through managed care delivery systems. During the period for which HSAG administered the CAHPS surveys, DHCS contracted with 25 MCPs, three PSPs, and one specialty health plan (SHP) to provide health care services in all 58 counties throughout California.³⁻² DHCS operates MCMC through a health care delivery system that encompasses seven models of managed care for its full-scope services as well as a model for PSPs and a model for SHPs. The MCMC county map, which depicts the location of each model type for MCMC full-scope services, may be found at <https://www.dhcs.ca.gov/services/Documents/MMCD-Cnty-Map.pdf>. DHCS monitors MCMC plan performance across model types.

HSAG administered the surveys to 25 MCPs and two PSPs as indicated in Table 1.1. For the PSPs, AHF and RCHSD were only included in the adult and child surveys, respectively, based on their specialized populations. Note that HSAG did not include one PSP (SCAN Health Plan) and the SHP (Family Mosaic Project) in either survey based on both plans having an insufficient number of eligible members.

³⁻¹ California Department of Health Care Services. Medi-Cal Enrollment. Available at: <https://www.dhcs.ca.gov/dataandstats/Pages/Medi-Cal-Eligibility-Statistics.aspx>. Accessed on: Jun 8, 2021.

³⁻² Note: HSAG refers to Kaiser NorCal and Kaiser SoCal as two separate MCPs in this report; however, DHCS holds just one contract with Kaiser (KP Cal, LLC).

How DHCS Uses Member Experience Results

The overall goal of DHCS is to preserve and improve the health status of all Californians. Since MCMC serves some of California's most vulnerable populations, the need to evaluate and monitor the quality of and access to health care, including member experience, has remained a key objective for DHCS in meeting its overarching goal.

One strategy established to evaluate and monitor the quality of health care is administration of the CAHPS surveys. DHCS shares plan-specific and aggregate CAHPS results with the plans and publicly releases the *CAHPS Summary Report* on its website as a reliable and supportive tool to assist MCMC members and other stakeholders in making informed decisions, including the selection of MCPs and PSPs with the highest quality, and to incentivize improved performance among MCPs and PSPs. DHCS also incorporates CAHPS results into its consumer guides for new enrollees and uses the data as part of its annual performance assessment of MCPs, PSPs, and MCMC as a whole.

DHCS' quality strategy includes the goal to engage members to be actively involved in their own health care and to provide input to DHCS about Medi-Cal policy.³⁻³ DHCS also seeks to prioritize member experience in all quality improvement efforts. DHCS will be launching a Consumer Advisory Council as a mechanism to obtain information more proactively about member experience and feedback. DHCS also has plans to administer CAHPS surveys annually instead of every 2 to 3 years and to incorporate CAHPS survey results into MCP and PSP payment rates.

³⁻³ The most up-to-date information on DHCS' Comprehensive Quality Strategy is located at [DHCS Comprehensive Quality Strategy \(ca.gov\)](https://www.dhcs.ca.gov/Programs/Pages/CAHPS-Summary-Report.aspx). Accessed on: Dec 3, 2021.

4. Reader’s Guide

CAHPS Performance Measures

Table 4.1 lists the measures included in the CAHPS 5.1H Adult Medicaid and Child Medicaid Health Plan Surveys.

Table 4.1—CAHPS Measures

Global Ratings	Composite Measures	Effectiveness of Care Measures (adult population only)
Rating of Health Plan	Getting Needed Care	Advising Smokers and Tobacco Users to Quit
Rating of All Health Care	Getting Care Quickly	Discussing Cessation Medications
Rating of Personal Doctor	How Well Doctors Communicate	Discussing Cessation Strategies
Rating of Specialist Seen Most Often	Customer Service	

How CAHPS Survey Results Were Collected

Sampling Procedures

The members eligible for sampling included those who were MCMC members at the time DHCS drew the sample frame and who were continuously enrolled in the same MCP or PSP for at least five of the last six months of 2020 (July through December) with no more than a 45-day gap in enrollment. The adult members eligible for sampling included those who were 18 years of age or older, and the child members eligible for sampling included those who were 17 years of age or younger (as of December 31, 2020). DHCS provided HSAG with a CAHPS sample frame for each MCP and PSP from which HSAG selected the adult and child samples. HSAG selected a minimum sample of 1,350 eligible adult members and 1,650 eligible child members from each participating MCP, and HSAG selected all eligible members from each participating PSP for inclusion in the surveys.

Survey Protocol

The survey administration process allowed for two methods by which adult members and parents or caretakers of child members could complete a survey. The first, or mail phase, consisted of sampled adult members and parents or caretakers of child members receiving a survey via mail. Adult members and parents or caretakers of child members who were identified as Spanish-speaking through administrative data were mailed a Spanish version of the survey. Adult members and parents or caretakers of child members who were not identified as Spanish-speaking received an English version of the survey. The cover letter included with the English version of the survey had a Spanish cover letter on the back side informing members that they could call the toll-free number to request a Spanish version of the CAHPS survey. The cover letter provided with the Spanish version of the CAHPS survey had an English cover letter on the back side informing members that they could call the toll-free number to request an English version of the CAHPS survey. All non-respondents received a reminder postcard, followed by a second survey mailing and reminder postcard. The second phase, or telephone phase, consisted of conducting CATI of sampled adult members and parents or caretakers of child members who had not mailed in a completed survey. HSAG attempted up to three CATI calls to each non-respondent. The addition of the telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of an MCP's or PSP's population.⁴⁻¹

DHCS provided HSAG with a list of all eligible members for the sampling frames. HSAG sampled members who met the following criteria:

- ◆ Were 18 years of age or older as of December 31, 2020 for the adult population.
- ◆ Were 17 years of age or younger as of December 31, 2020 for the child population.
- ◆ Were currently enrolled in the MCP or PSP.
- ◆ Had been continuously enrolled in the MCP or PSP for at least five of the last six months of 2020.
- ◆ Had Medi-Cal as a primary payer.

HSAG inspected a sample of the file records from the sampling frame to check for any apparent problems with the files, such as missing address elements. HSAG obtained new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system, as available. Prior to initiating CATI, HSAG employed the Telematch telephone number verification service to locate and/or update telephone numbers for all non-respondents.

⁴⁻¹ Fowler FJ Jr., Gallagher PM, Stringfellow VL, et al. "Using Telephone Interviews to Reduce Nonresponse Bias to Mail Surveys of Health Plan Members." *Medical Care*. 2002; 40(3): 190-200.

The HEDIS specifications for CAHPS require that the name of the MCP/PSP appear in the surveys and letters, that the letters bear the signature of a high-ranking state official, and that the survey packages include a postage-paid reply envelope addressed to the organization conducting the surveys. HSAG followed these specifications.

Table 4.2 shows the timeline used in the administration of the surveys.

Table 4.2—CAHPS Survey Timeline

Task	Timeline
Send first survey with cover letter to the member or parent/caretaker of the child member.	0 days
Send a postcard reminder to non-respondents 7 days after mailing the first survey.	7 days
Send a second survey (and letter) to non-respondents 28 days after mailing the first survey.	28 days
Send a second postcard reminder to non-respondents 7 days after mailing the second survey.	35 days
Initiate CATI for non-respondents 28 days after mailing the second survey.	56 days
Initiate systematic contact for all non-respondents such that at least three telephone calls are attempted at different times of the day, on different days of the week, and in different weeks.	56–85 days
Telephone follow-up sequence completed (i.e., completed interviews obtained or maximum calls reached for all non-respondents) 29 days after initiation.	85 days

How CAHPS Survey Results Were Calculated and Displayed

HSAG used the CAHPS scoring approach recommended by NCQA in *HEDIS Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Based on NCQA’s recommendations and HSAG’s extensive experience evaluating CAHPS data, HSAG performed several analyses to comprehensively assess member experience. This portion of the report includes an overview of each analysis that HSAG conducted.

Response Rates

The administration of the surveys is comprehensive and is designed to garner the highest possible response rate. The CAHPS survey response rate is the total number of completed surveys divided by all eligible members in the sample.⁴⁻² As specified by NCQA, HSAG considered a survey completed if members or parents or caretakers of sampled child members answered at least three of the following five questions: questions 3, 10, 19, 23, and 28 for adult Medicaid and questions 3, 10, 22, 26, and 31 for child Medicaid. Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), were mentally or physically incapacitated (adult population only), or had a language barrier.

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

Respondent Analysis

For the respondent analysis, HSAG compared the demographic characteristics of adult and child survey respondents (i.e., respondent percentages) to the demographic characteristics of all adult and child members in the sample frames (i.e., sample frame percentages) for statistically significant differences using variables from the sample frame. HSAG evaluated demographic characteristics of adult and child member age, gender, race, and ethnicity as part of the respondent analysis. HSAG used arrows in the tables to indicate statistically significant differences within a particular demographic category. An upward arrow (↑) indicates that the respondent percentage was statistically significantly higher than the sample frame percentage. A downward arrow (↓) indicates that the respondent percentage was statistically significantly lower than the sample frame percentage. Respondent percentages that were not statistically significantly higher or lower than the sample frame percentages are not noted with an arrow.

Scoring Calculations

Global Ratings and Composite Measures

HSAG calculated top-box scores for each measure.⁴⁻³ For scoring of the measures, HSAG assigned top-box responses a score of one and all other responses a score of zero. HSAG defined a “top-box” response as follows:

- ◆ “8,” “9,” or “10” for the global ratings

⁴⁻² National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

⁴⁻³ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

- ◆ “Usually” or “Always” for the composites

After applying this scoring methodology, HSAG calculated the percentage of top-box responses. For the global ratings, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items' top-box scores). HSAG suppressed scores for measures that have less than 100 responses. HSAG presents the NCQA Medicaid national 50th percentiles and 90th percentiles for each measure for comparison purposes.

Effectiveness of Care Measures: Medical Assistance with Smoking and Tobacco Use Cessation

HSAG calculated three scores that assess different facets of providing medical assistance with smoking and tobacco use cessation:

- ◆ Advising Smokers and Tobacco Users to Quit
- ◆ Discussing Cessation Medications
- ◆ Discussing Cessation Strategies

These scores assess the percentage of smokers or tobacco users who were advised to quit, were recommended cessation medications, and were provided cessation methods or strategies, respectively. Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator. The scores presented follow NCQA’s methodology of calculating a rolling average using two years’ of results; however, HSAG did not administer the survey in the prior year (i.e., 2020 results are not available); therefore, the 2019 results were used along with the current year’s (i.e., 2021) results to calculate the rolling average. The 2021 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2019 or 2021. For PSPs, HSAG used 2021 results only, since this was the first year HSAG administered the CAHPS survey for PSPs.

State-Level Scores

HSAG presents the 2019 and 2021 State weighted top-box scores for each CAHPS global rating and composite measure, and overall scores for each Effectiveness of Care measure evaluated through the CAHPS Adult and Child Medicaid Health Plan Survey.⁴⁻⁴ HSAG used the sample frame files to determine the eligible population size for each MCP and PSP. HSAG calculated a general sample (including the general oversample) probability and then calculated a weight for each general sample respondent using the formulas below.

$$GP_r = \frac{GSS_p}{EP_p}$$

$$w_{gsr} = \frac{1}{GP_r}$$

Where:

GP_r = probability for respondent r from the general sample

GSS_p = general sample size for MCP/PSP p

EP_p = eligible population size for MCP/PSP p

w_{gsr} = weight for general sample respondent r

HSAG presents the results for the adult and child populations separately. The State weighted scores included sample respondents from the MCP and PSP general sample and MCP general oversample. HSAG presents the 50th percentile and 90th percentile data for comparison purposes. HSAG compared the 2021 scores to the corresponding 2019 scores for each measure and statistically significant differences are noted with directional triangles.

State Comparisons

For purposes of the State Comparisons analyses, HSAG presents the adult and child population results separately for each measure. HSAG presents both MCP-level and PSP-level results and includes the State weighted scores in the figures for reference only. The NCQA Medicaid 50th percentile and 90th percentile data are included as vertical lines in the figures.

HSAG used responses from the MCP-level and PSP-level samples to report each measure, and the results were not weighted. HSAG calculated the 95 percent confidence intervals for each score and compared these intervals to the adult and child Medicaid national 50th percentiles. If the Medicaid national 50th percentile was below the lower bound of the 95

⁴⁻⁴ HSAG recalculated the 2019 state weighted top-box scores to exclude the reporting-unit level oversample. A reporting-unit level oversample was not conducted in 2021.

percent confidence interval, the measure was statistically significantly above the Medicaid national 50th percentile for the MCP/PSP. If the Medicaid national 50th percentile was above the upper bound of the 95 percent confidence interval, the measure was statistically significantly below the Medicaid national 50th percentile for the MCP/PSP. If the Medicaid national 50th percentile encompassed the 95 percent confidence interval, there was no statistically significant difference between the MCP/PSP and the Medicaid national 50th percentile for the measure.

Comparative Analysis

HSAG performed an analysis for each global rating and composite measure that compared the 2021 CAHPS scores to the corresponding 2019 scores to determine whether there were statistically significant differences.^{4-5,4-6} HSAG presents MCPs' adult and child population results separately. HSAG performed a *t* test to determine whether results in 2021 were statistically significantly different from results in 2019. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. In the tables, scores that were statistically significantly higher in 2021 than in 2019 are noted with black upward (▲) triangles. Scores that were statistically significantly lower in 2021 than in 2019 are noted with black downward (▼) triangles. Scores in 2021 that were not statistically significantly different from scores in 2019 are not noted with triangles.

Limitations and Cautions

The findings presented in this CAHPS report are subject to some limitations in the survey design, analyses, and interpretations. Sample sizes for the 2021 CAHPS Survey were established to obtain 411 completed surveys at the MCP level.⁴⁻⁷

While the sample sizes were determined based on this goal, some measures at the MCP level had fewer than 100 responses. According to NCQA HEDIS Specifications for Survey Measures, if a measure has fewer than 100 responses, the measure is not reportable; therefore, in the figures throughout this report, HSAG does not present the results for measures with fewer than 100 responses.⁴⁻⁸ NCQA HEDIS Specifications for Survey Measures

⁴⁻⁵ A comparative analysis was not performed for the Effectiveness of Care measures since the scores for these measures are calculated using a rolling average.

⁴⁻⁶ HSAG performed a comparative analysis for MCPs only since 2021 is the first year that PSPs were included in the survey administration.

⁴⁻⁷ Based on the sample sizes, it would be expected that the PSPs would not have reached 411 completed surveys; therefore, caution should be taken when interpreting PSP level results.

⁴⁻⁸ National Committee for Quality Assurance. *HEDIS® Measurement Year 2020, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2020.

recommends targeting 411 completed surveys to meet the following statistical parameters: 1) confidence intervals with a margin of error under 5 percent at the 95 percent confidence level, and 2) statistical power of at least 80 percent in detecting differences of 10 percentage points.⁴⁻⁹ DHCS should consider these limitations when interpreting or generalizing the findings.

Causal Inferences

Although this report examines whether members report differences with various aspects of their health care experiences, these differences may not be completely attributable to the MCP or PSP. These analyses identify whether members give different ratings of experience with their MCP or PSP. The survey by itself does not necessarily reveal the exact cause of these differences.

Coronavirus Disease 2019 (COVID-19) Impact

Due to the increased use of telehealth services (e.g., phone and video calls) during the coronavirus disease 2019 (COVID-19) pandemic, the Agency for Healthcare Research and Quality (AHRQ) released the 5.1 version of the CAHPS Adult and Child Health Plan Surveys in October 2020 to acknowledge that members may receive care in person, by phone, or by video. Based on this version, NCQA introduced new HEDIS version of the surveys with updates to the following questions: 3, 5, 6, 7, 10, 11, 19, 20, 21, and 22 for the CAHPS Adult Health Plan Survey and 3, 5, 6, 7, 10, 11, 15, 22, 23, 24, and 25 for the CAHPS Child Health Plan Survey; therefore, caution should be exercised when evaluating the 2021 results and comparing 2021 results to prior years' results. Also, caution should be exercised when evaluating the results as the number of completed surveys may have been impacted by COVID-19, as well as members' perceptions of and experiences with the health care system.

National Confidence Interval Data

HSAG compared the 95 percent confidence interval of each MCP's score with the national average.^{4-10,4-11} HSAG did not have access to the 95 percent confidence interval of the national average; therefore, HSAG could only compare each MCP's 95 percent confidence interval to the national average (and not the national 95 percent confidence interval).⁴⁻¹² DHCS should exercise caution when reviewing the significant results of this comparison for the MCP-level results.

⁴⁻⁹ *ibid.*

⁴⁻¹⁰ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

⁴⁻¹¹ The PSPs did not have any reportable results; therefore, HSAG could not compare the PSPs' 95 percent confidence interval with the national average.

⁴⁻¹² HSAG only has access to the standard edition of NCQA's health plan performance Quality Compass data license, which does not include access to confidence intervals; therefore, the 95 percent confidence interval of the national average was not available for analysis.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by plan or program. According to research, late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier.⁴⁻¹³ To identify potential non-response bias at the state-level, HSAG compared the top-box scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. For the adult population, results indicate that early respondents are statistically significantly more likely to provide a higher top-box response for the following measures: Rating of Health Plan, Rating of All Health Care, Getting Needed Care, Getting Care Quickly, Customer Service, and Advising Smokers and Tobacco Users to Quit. For the child population, results indicate that early respondents are not statistically significantly more likely to provide a higher or lower top-box response for any measure. While the first-year findings of the non-response bias analysis may serve as a potential baseline for evaluating if there are similar trends over the years, DHCS should consider that potential non-response bias may exist when interpreting CAHPS results for these measures.

⁴⁻¹³ Korkeila, K., et al. "Non-response and related factors in a nation-wide health survey." *European Journal of Epidemiology* 17.11 (2001): 991-999.

Survey Respondents

HSAG mailed a total of 57,762 adult surveys and 58,770 child surveys to the sample of members selected for surveying. Of these, a total of 8,194 adult surveys and 8,529 child surveys were completed. HSAG used these completed surveys to calculate the CAHPS survey results presented throughout the Results section.

The CAHPS Survey response rate is the total number of completed surveys divided by all eligible members in the sample. If a member or parent/caretaker of a child member appropriately answered at least three of five NCQA-specified questions in the survey, HSAG counted the survey as complete.⁵⁻¹

Table 5.1 presents the total number of members sampled, the number of ineligible and eligible members, the number of surveys completed, and the response rate for the adult and child members selected for surveying. The overall adult and child member response rates of 14.38 percent and 14.64 percent, respectively, were lower than the adult Medicaid national response rate and higher than the child Medicaid national response rate reported by NCQA for 2020, which were 15.70 percent and 13.10 percent, respectively. Improving the completeness and accuracy of contact information for both adult and child members may decrease the number of undeliverable surveys and increase response rates.

Table 5.1—Total Number of Respondents and Response Rate

Response rate is calculated as Number of Completed Surveys/Eligible Sample.

	Total Adult	Total Child
Sample Size	57,762	58,770
Ineligible Members	781	513
Eligible Sample	56,981	58,257
Number of Surveys Completed	8,194	8,529
Response Rate	14.38%	14.64%

⁵⁻¹ A survey was considered a complete and valid survey for the CAHPS Adult Medicaid Survey when three of the following five questions were appropriately answered: 3, 10, 19, 23, and 28. A survey was considered a complete and valid survey for the CAHPS Child Medicaid Survey when three of the following five questions were appropriately answered: 3, 10, 22, 26, and 31.

Respondent Analysis

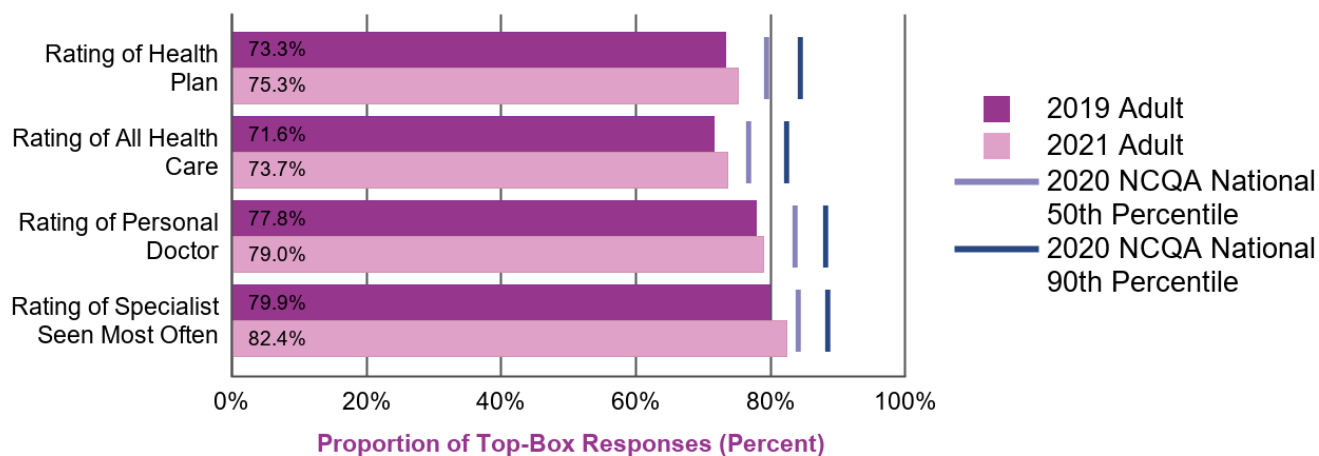
HSAG compared the demographic characteristics (i.e., age, gender, race, and ethnicity) of survey respondents to the demographic characteristics of all members in the sample frames at the MCP level and PSP level. For this analysis, the adult and child populations' results are presented separately. Please refer to Appendix B: Respondent Analysis Results for the detailed results of the respondent analysis.

State-Level Scores⁵⁻²

Global Ratings

Figure 5.1 shows the 2019 and 2021 adult State weighted top-box scores and the 2020 NCQA adult Medicaid national 50th percentiles and 90th percentiles for the four global ratings.

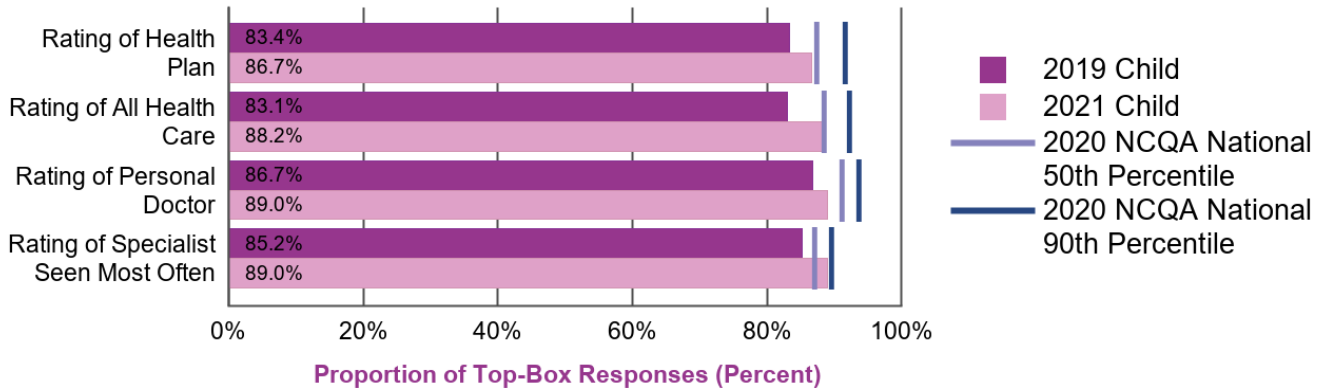
Figure 5.1—Global Ratings: Adult Top-Box Scores (State Level)



⁵⁻² HSAG recalculated the 2019 state weighted top-box scores to exclude the reporting-unit level oversample. A reporting-unit level oversample was not conducted in 2021.

Figure 5.2 shows the 2019 and 2021 child State weighted top-box scores and the 2020 NCQA child Medicaid national 50th percentiles and 90th percentiles for the four global ratings.

Figure 5.2—Global Ratings: Child Top-Box Scores (State Level)



Composite Measures

Figure 5.3 shows the 2019 and 2021 adult State weighted top-box scores and the 2020 NCQA adult Medicaid national 50th percentiles and 90th percentiles for the four composite measures.

Figure 5.3—Composite Measures: Adult Top-Box Scores (State Level)

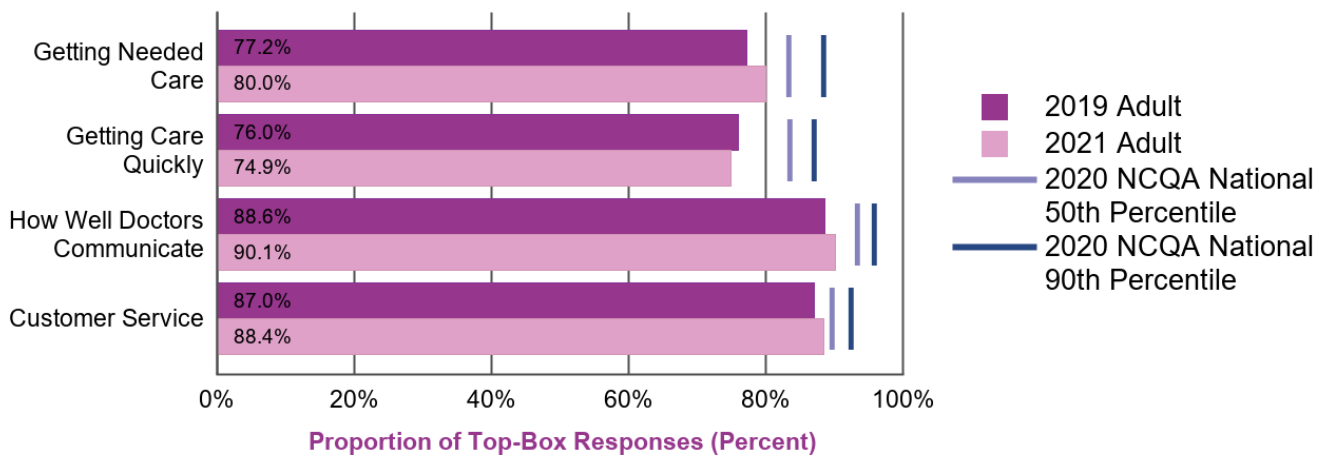
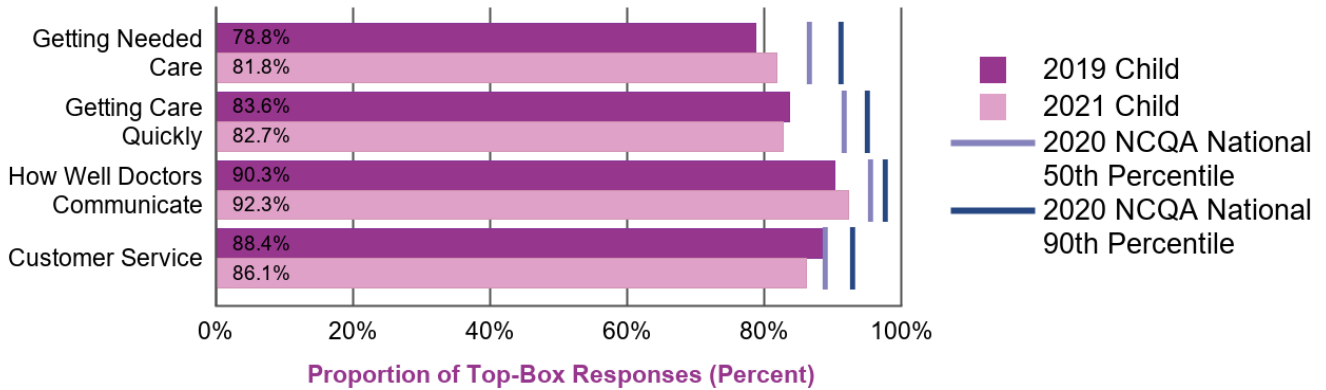


Figure 5.4 shows the 2019 and 2021 child State weighted top-box scores and the 2020 NCQA child Medicaid national 50th percentiles and 90th percentiles for the four composite measures.

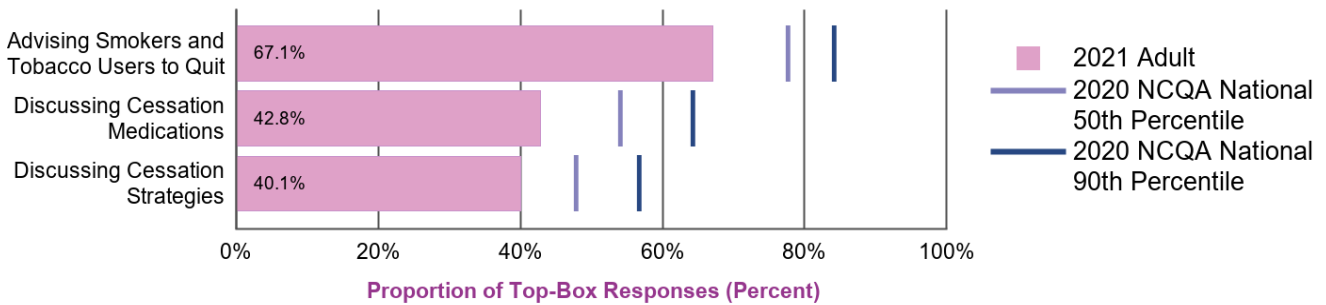
Figure 5.4—Composite Measures: Child Top-Box Scores (State Level)



Effectiveness of Care Measures

Figure 5.5 shows the 2021 adult State weighted overall scores and the 2020 NCQA adult Medicaid national 50th percentiles and 90th percentiles for the three Effectiveness of Care measures.

Figure 5.5—Effectiveness of Care Measures: Adult Scores (State Level)



State Comparisons

Rating of Health Plan

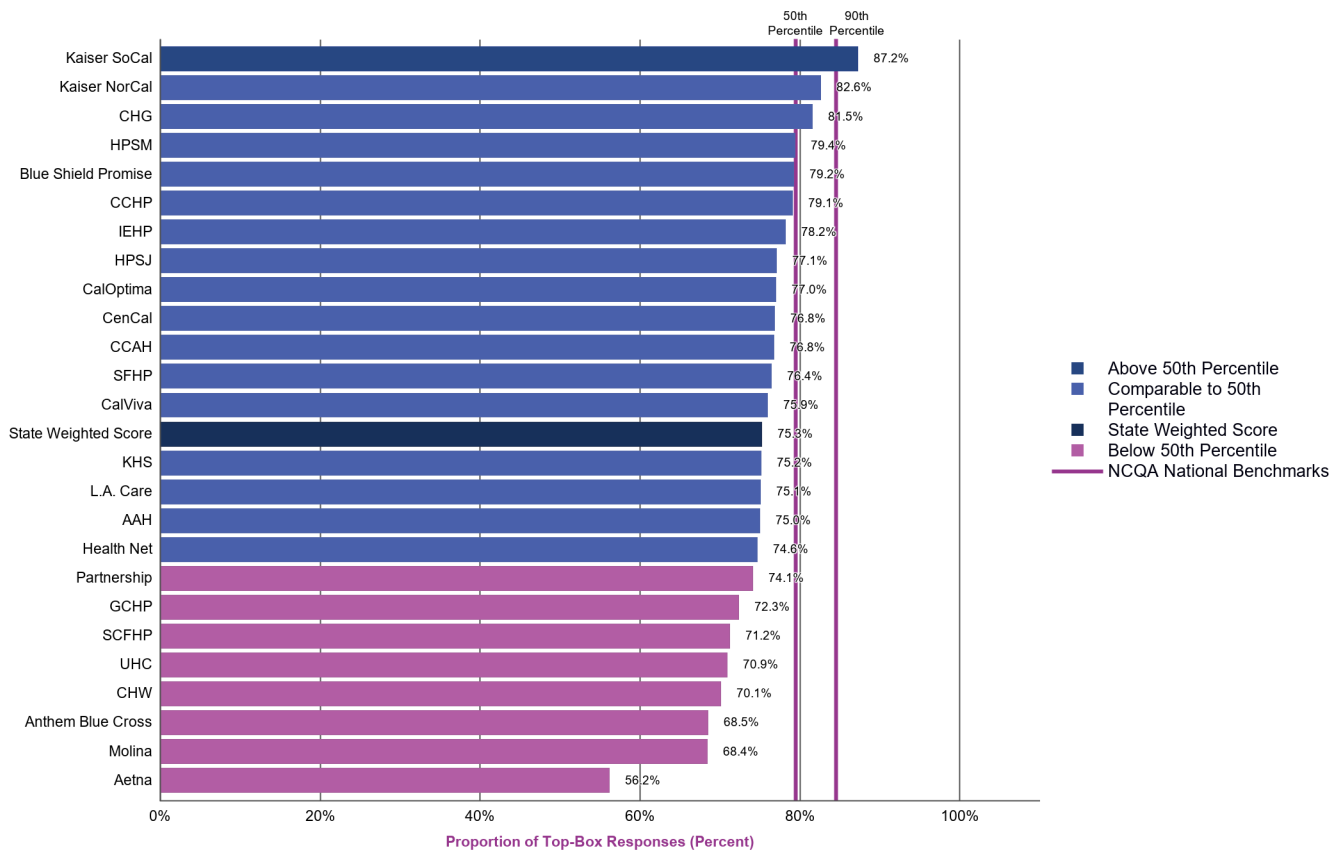
Measure Definition

MCMC members were asked to rate their MCP/PSP on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.”

Adult Results

Figure 5.6 shows the adult plan-level top-box scores for Rating of Health Plan.

Figure 5.6—Rating of Health Plan: Adult Top-Box Scores



The score for AHF is not displayed in the figure above since this PSP had less than 100 responses for this measure.

Table 5.2 shows the 2019 and 2021 adult MCPs' top-box scores for Rating of Health Plan.

Table 5.2—Rating of Health Plan: Adult Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

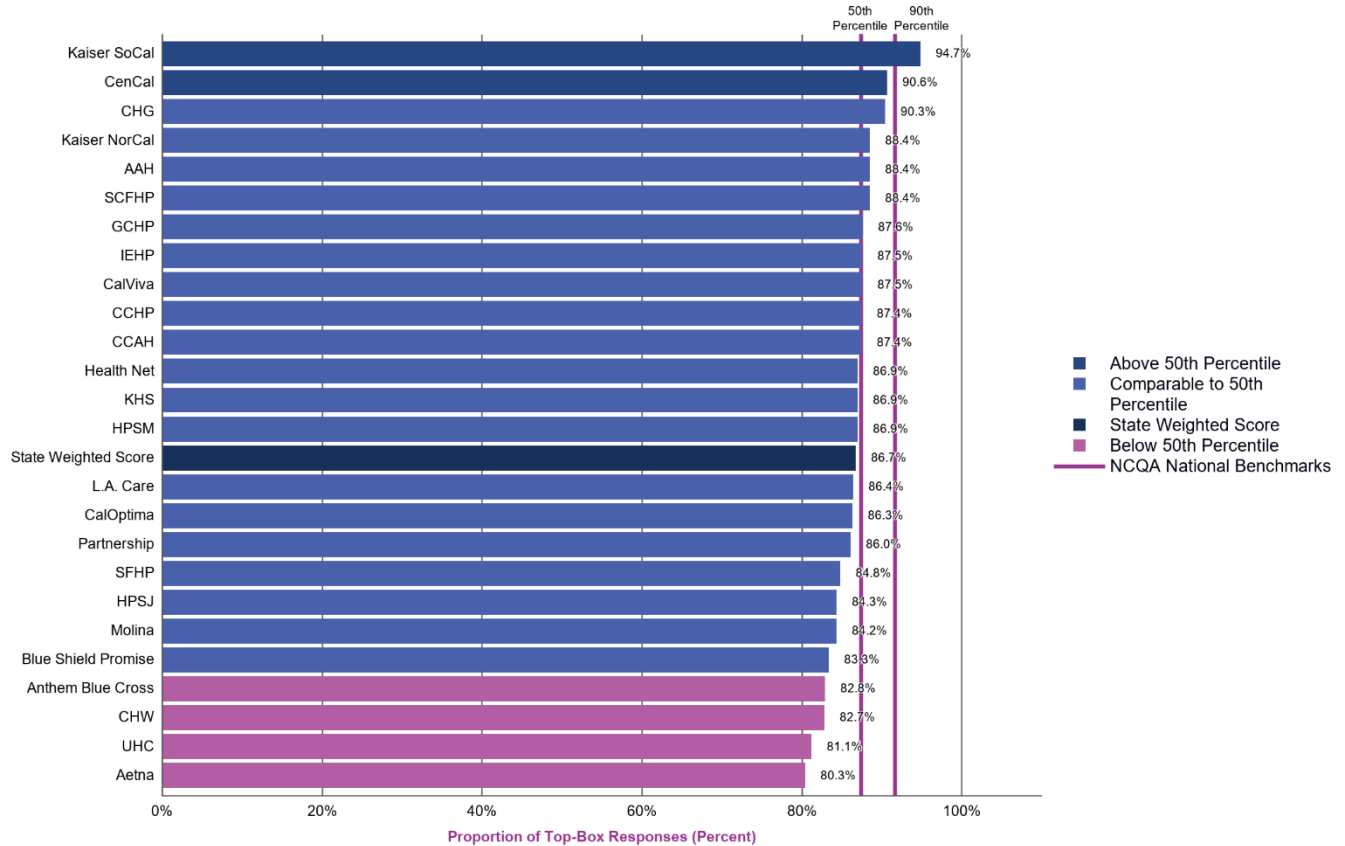
MCP	2019	2021	2019-2021 Comparison Difference
AAH	71.2%	75.0%	—
Aetna	57.1%	56.2%	—
Anthem Blue Cross	56.8%	68.5%	▲
Blue Shield Promise	74.7%	79.2%	—
CCAH	72.2%	76.8%	—
CCHP	78.0%	79.1%	—
CHG	78.6%	81.5%	—
CHW	71.2%	70.1%	—
CalOptima	76.7%	77.0%	—
CalViva	73.4%	75.9%	—
CenCal	77.2%	76.8%	—
GCHP	75.5%	72.3%	—
HPSJ	72.3%	77.1%	—
HPSM	78.9%	79.4%	—
Health Net	69.0%	74.6%	—
IEHP	83.5%	78.2%	—
KHS	77.4%	75.2%	—
Kaiser NorCal	81.4%	82.6%	—
Kaiser SoCal	86.1%	87.2%	—
L.A. Care	72.8%	75.1%	—
Molina	66.1%	68.4%	—
Partnership	76.7%	74.1%	—

MCP	2019	2021	2019-2021 Comparison Difference
SCFHP	70.9%	71.2%	—
SFHP	73.3%	76.4%	—
UHC	66.3%	70.9%	—

Child Results

Figure 5.7 shows the child plan-level top-box scores for Rating of Health Plan.

Figure 5.7—Rating of Health Plan: Child Top-Box Scores



The score for RCHSD is not displayed in the figure above since this PSP had less than 100 responses for this measure.

Table 5.3 shows the 2019 and 2021 child MCPs' top-box scores for Rating of Health Plan.

Table 5.3—Rating of Health Plan: Child Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

NA Indicates data are not available (i.e., less than 100 responses).

NC Indicates the score is not comparable.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP	2019	2021	2019-2021 Comparison Difference
AAH	85.9%	88.4%	—
Aetna	NA	80.3%	NC
Anthem Blue Cross	78.4%	82.8%	—
Blue Shield Promise	81.6%	83.3%	—
CCAH	84.9%	87.4%	—
CCHP	86.7%	87.4%	—
CHG	89.3%	90.3%	—
CHW	76.9%	82.7%	—
CalOptima	84.2%	86.3%	—
CalViva	85.6%	87.5%	—
CenCal	85.1%	90.6%	▲
GCHP	84.9%	87.6%	—
HPSJ	84.6%	84.3%	—
HPSM	89.7%	86.9%	—
Health Net	80.5%	86.9%	▲
IEHP	86.1%	87.5%	—
KHS	85.7%	86.9%	—
Kaiser NorCal	91.4%	88.4%	—
Kaiser SoCal	92.6%	94.7%	—
L.A. Care	81.3%	86.4%	—
Molina	81.4%	84.2%	—

MCP	2019	2021	2019-2021 Comparison Difference
Partnership	84.8%	86.0%	—
SCFHP	83.4%	88.4%	—
SFHP	87.0%	84.8%	—
UHC	NA	81.1%	NC

Summary of Results

Adult

- ◆ Kaiser SoCal scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- ◆ The following eight MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
 - Aetna
 - Anthem Blue Cross
 - CHW
 - GCHP
 - Molina
 - Partnership
 - SCFHP
 - UHC
- ◆ Anthem Blue Cross scored statistically significantly higher in 2021 than in 2019 for the adult population.
- ◆ No MCPs scored statistically significantly lower in 2021 than in 2019 for the adult population.

Child

- ◆ The following four MCPs scored statistically significantly above the NCQA child Medicaid national 50th percentile:
 - CenCal
 - CHG
 - Kaiser SoCal
 - SCFHP
- ◆ Aetna scored statistically significantly below the NCQA child Medicaid national 50th percentile.

- ◆ The following two MCPs scored statistically significantly higher in 2021 than in 2019 for the child population:
 - CenCal
 - Health Net
- ◆ No MCPs scored statistically significantly lower in 2021 than in 2019 for the child population.

Rating of All Health Care

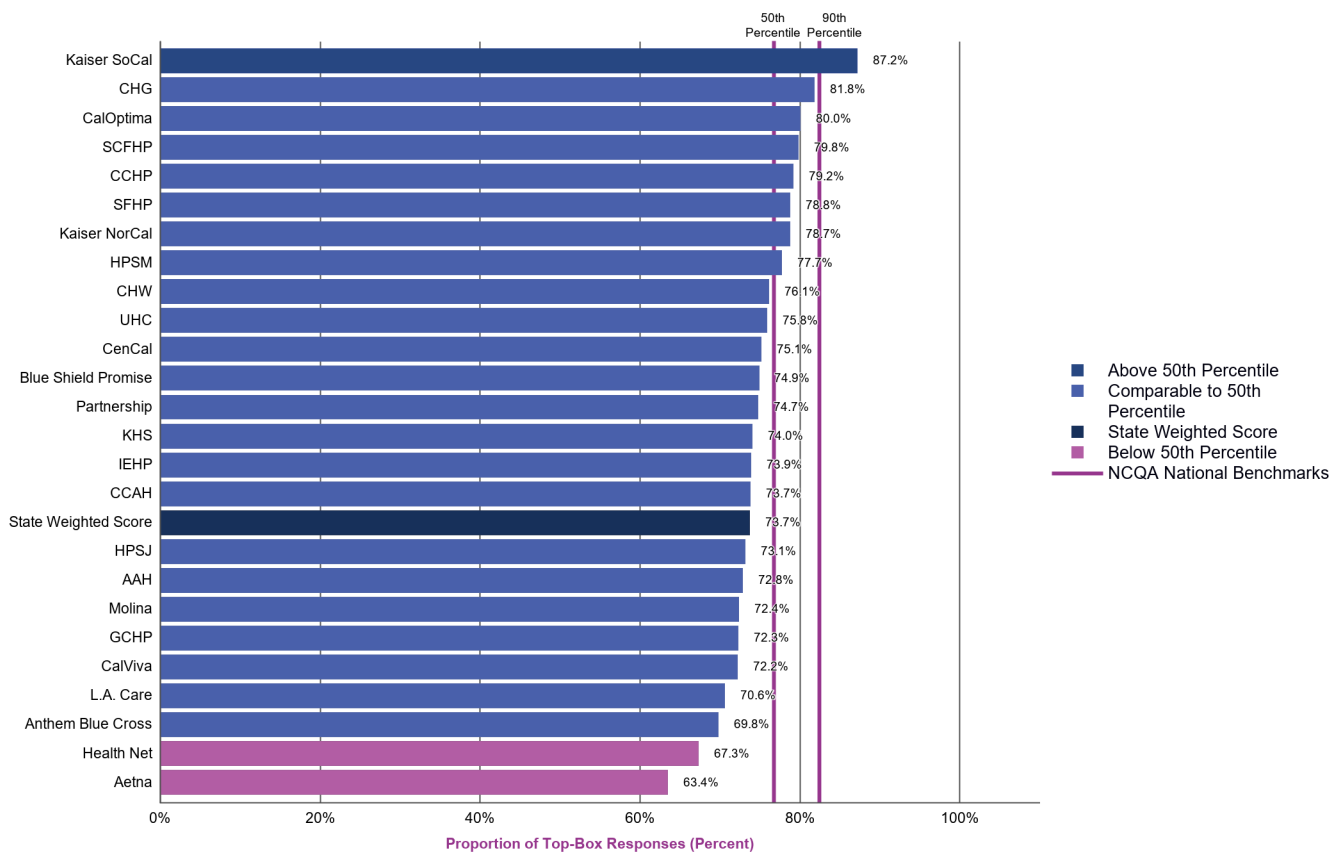
Measure Definition

MCMC members were asked to score all their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.”

Adult Results

Figure 5.8 shows the adult plan-level top-box scores for Rating of All Health Care.

Figure 5.8—Rating of All Health Care: Adult Top-Box Scores



The score for AHF is not displayed in the figure above since this PSP had less than 100 responses for this measure.

Table 5.4 shows the 2019 and 2021 adult MCPs' top-box scores for Rating of All Health Care.

Table 5.4—Rating of All Health Care: Adult Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

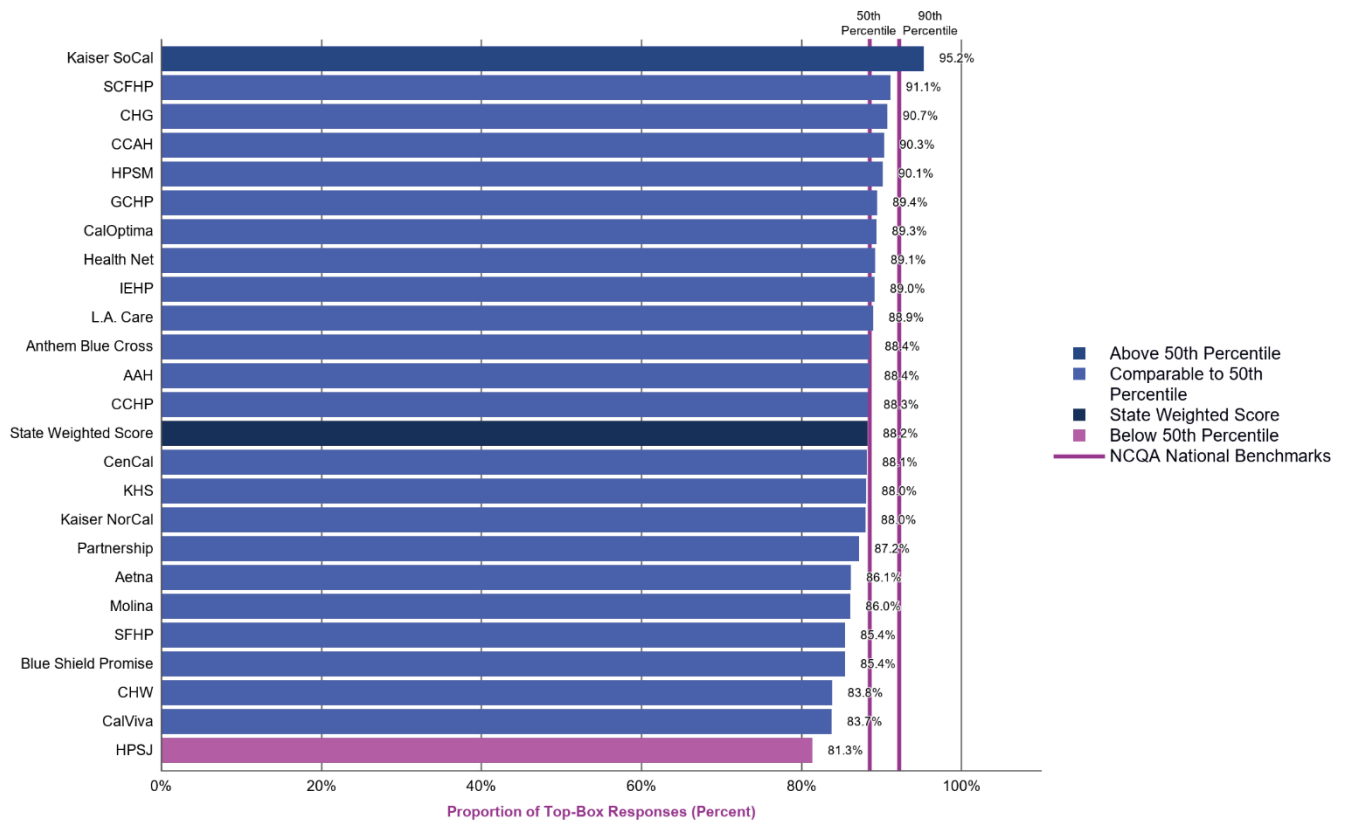
MCP	2019	2021	2019-2021 Comparison Difference
AAH	76.9%	72.8%	—
Aetna	60.9%	63.4%	—
Anthem Blue Cross	62.0%	69.8%	—
Blue Shield Promise	79.7%	74.9%	—
CCAH	73.7%	73.7%	—
CCHP	78.7%	79.2%	—
CHG	74.3%	81.8%	▲
CHW	71.3%	76.1%	—
CalOptima	75.9%	80.0%	—
CalViva	63.4%	72.2%	—
CenCal	75.2%	75.1%	—
GCHP	76.8%	72.3%	—
HPSJ	66.5%	73.1%	—
HPSM	73.8%	77.7%	—
Health Net	69.5%	67.3%	—
IEHP	74.1%	73.9%	—
KHS	67.8%	74.0%	—
Kaiser NorCal	76.1%	78.7%	—
Kaiser SoCal	83.8%	87.2%	—
L.A. Care	71.2%	70.6%	—
Molina	68.1%	72.4%	—
Partnership	74.3%	74.7%	—
SCFHP	70.6%	79.8%	▲

MCP	2019	2021	2019-2021 Comparison Difference
SFHP	75.6%	78.8%	—
UHC	66.3%	75.8%	—

Child Results

Figure 5.9 shows the child plan-level top-box scores for Rating of All Health Care.

Figure 5.9—Rating of All Health Care: Child Top-Box Scores



Scores for RCHSD and UHC are not displayed in the figure above since the PSP and MCP, respectively, had less than 100 responses for this measure.

Table 5.5 shows the 2019 and 2021 child MCPs' top-box scores for Rating of All Health Care.

Table 5.5—Rating of All Health Care: Child Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

NA Indicates data are not available (i.e., less than 100 responses).

NC Indicates the score is not comparable.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP	2019	2021	2019-2021 Comparison Difference
AAH	87.7%	88.4%	—
Aetna	NA	86.1%	NC
Anthem Blue Cross	82.1%	88.4%	—
Blue Shield Promise	86.6%	85.4%	—
CCAH	85.8%	90.3%	—
CCHP	88.3%	88.3%	—
CHG	86.2%	90.7%	—
CHW	81.2%	83.8%	—
CalOptima	86.0%	89.3%	—
CalViva	75.2%	83.7%	▲
CenCal	86.3%	88.1%	—
GCHP	88.8%	89.4%	—
HPSJ	83.3%	81.3%	—
HPSM	87.9%	90.1%	—
Health Net	79.0%	89.1%	▲
IEHP	83.8%	89.0%	—
KHS	80.4%	88.0%	▲
Kaiser NorCal	91.9%	88.0%	—
Kaiser SoCal	91.4%	95.2%	—
L.A. Care	82.6%	88.9%	—
Molina	77.4%	86.0%	▲

MCP	2019	2021	2019-2021 Comparison Difference
Partnership	81.8%	87.2%	—
SCFHP	86.3%	91.1%	—
SFHP	89.2%	85.4%	—
UHC	NA	NA	NC

Summary of Results

Adult

- ◆ Kaiser SoCal scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- ◆ The following two MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
 - Aetna
 - Health Net
- ◆ The following two MCPs scored statistically significantly higher in 2021 than in 2019 for the adult population:
 - CHG
 - SCFHP
- ◆ No MCPs scored statistically significantly lower in 2021 than in 2019 for the adult population.

Child

- ◆ Kaiser SoCal scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- ◆ HPSJ scored statistically significantly below the NCQA child Medicaid national 50th percentile.
- ◆ The following four MCPs scored statistically significantly higher in 2021 than in 2019 for the child population:
 - CalViva
 - Health Net
 - KHS
 - Molina
- ◆ There were no MCPs that scored statistically significantly lower in 2021 than in 2019 for the child population.

Rating of Personal Doctor

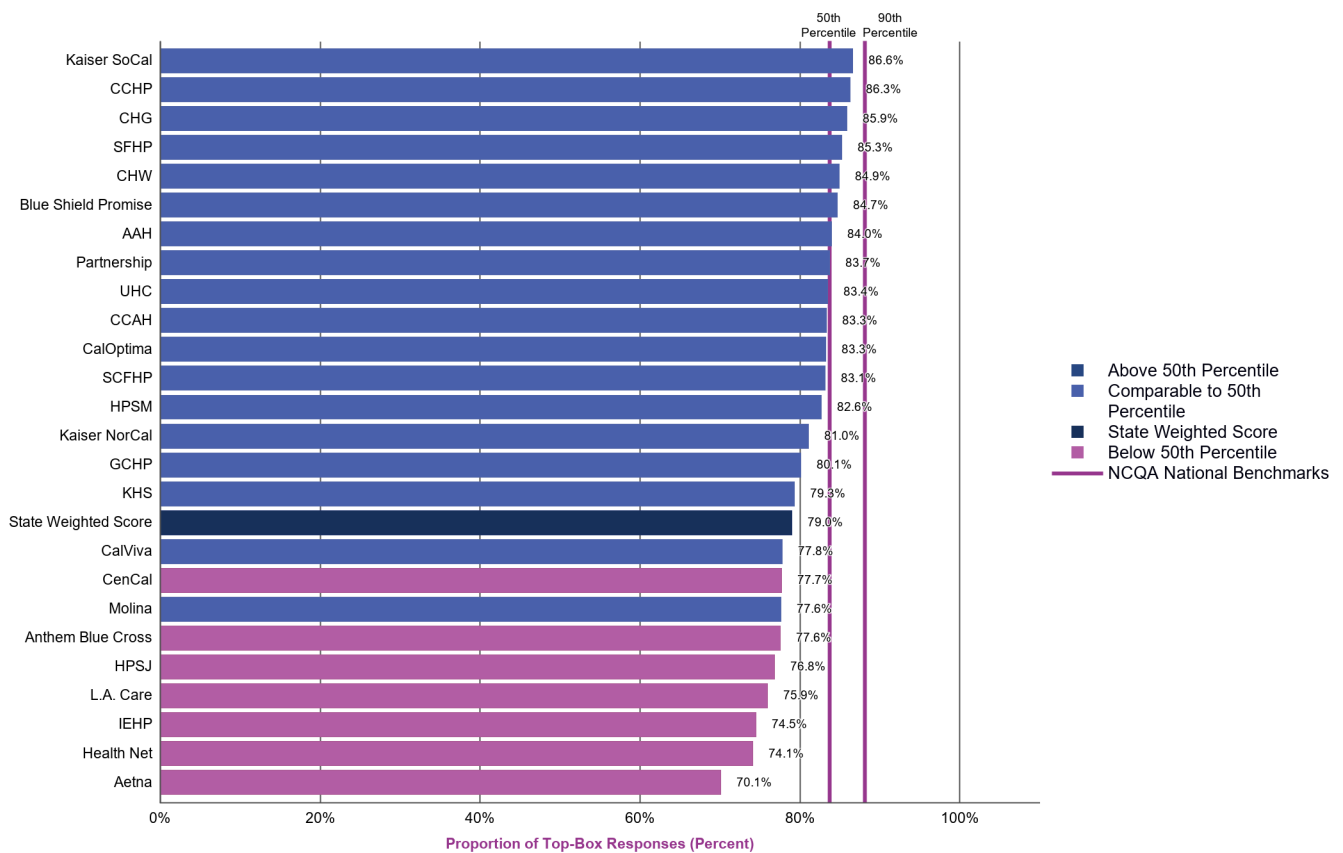
Measure Definition

MCMC members were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.”

Adult Results

Figure 5.10 shows the adult plan-level top-box scores for Rating of Personal Doctor.

Figure 5.10—Rating of Personal Doctor: Adult Top-Box Scores



The score for AHF is not displayed in the figure above since this PSP had less than 100 responses for this measure.

Table 5.6 shows the 2019 and 2021 adult MCPs' top-box scores for Rating of Personal Doctor.

Table 5.6—Rating of Personal Doctor: Adult Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

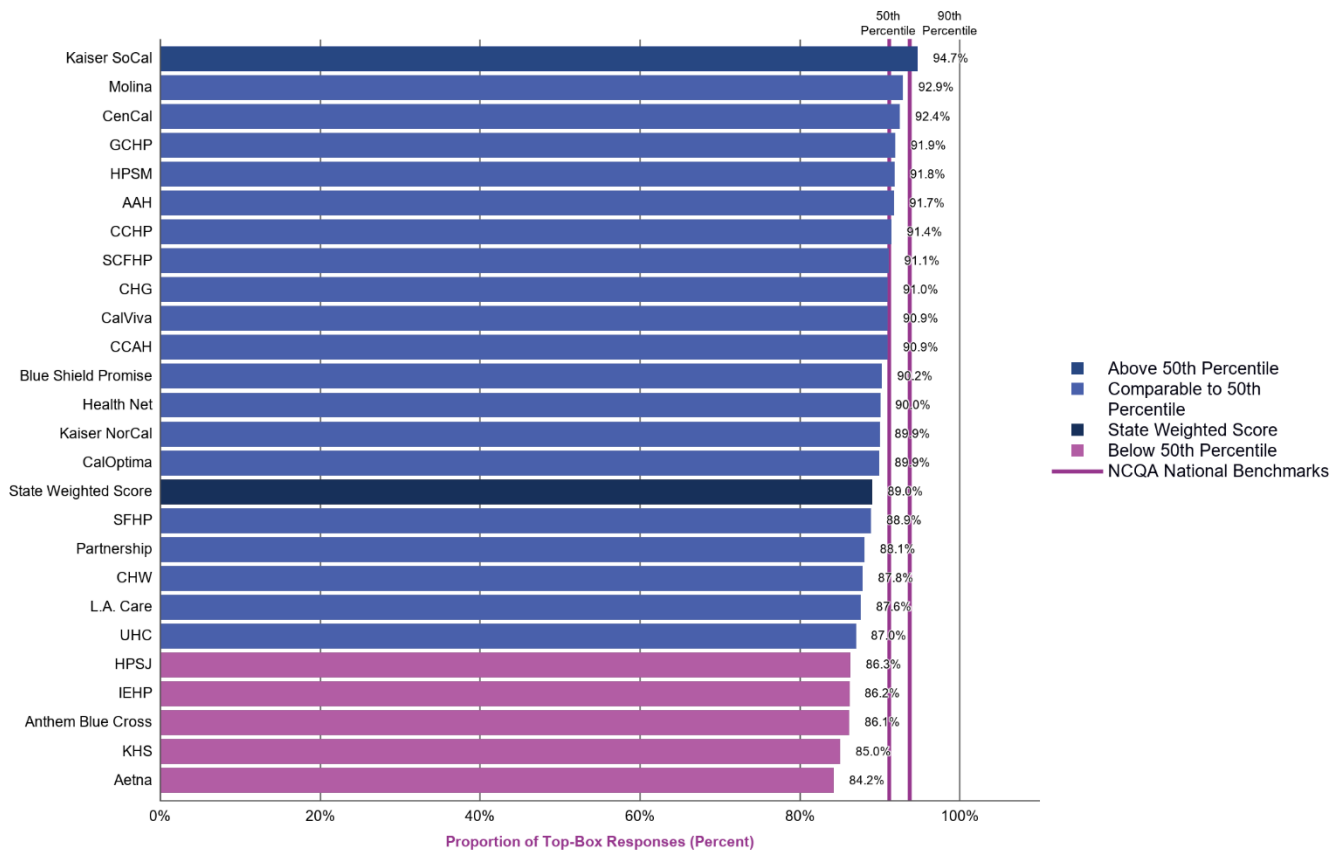
MCP	2019	2021	2019-2021 Comparison Difference
AAH	84.1%	84.0%	—
Aetna	71.5%	70.1%	—
Anthem Blue Cross	71.7%	77.6%	—
Blue Shield Promise	88.4%	84.7%	—
CCAH	82.4%	83.3%	—
CCHP	88.0%	86.3%	—
CHG	77.7%	85.9%	▲
CHW	82.4%	84.9%	—
CalOptima	82.6%	83.3%	—
CalViva	75.5%	77.8%	—
CenCal	82.3%	77.7%	—
GCHP	82.1%	80.1%	—
HPSJ	72.3%	76.8%	—
HPSM	83.2%	82.6%	—
Health Net	76.1%	74.1%	—
IEHP	78.0%	74.5%	—
KHS	77.1%	79.3%	—
Kaiser NorCal	79.0%	81.0%	—
Kaiser SoCal	86.5%	86.6%	—
L.A. Care	75.1%	75.9%	—
Molina	77.3%	77.6%	—
Partnership	77.3%	83.7%	—
SCFHP	75.8%	83.1%	▲

MCP	2019	2021	2019-2021 Comparison Difference
SFHP	83.9%	85.3%	—
UHC	79.2%	83.4%	—

Child Results

Figure 5.11 shows the child plan-level top-box scores for Rating of Personal Doctor.

Figure 5.11—Rating of Personal Doctor: Child Top-Box Scores



The score for RCHSD is not displayed in the figure above since this PSP had less than 100 responses for this measure.

Table 5.7 shows the 2019 and 2021 child MCPs' top-box scores for Rating of Personal Doctor.

Table 5.7—Rating of Personal Doctor: Child Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

NA Indicates data are not available (i.e., less than 100 responses).

NC Indicates the score is not comparable.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP	2019	2021	2019-2021 Comparison Difference
AAH	92.2%	91.7%	—
Aetna	NA	84.2%	NC
Anthem Blue Cross	86.0%	86.1%	—
Blue Shield Promise	89.1%	90.2%	—
CCAH	90.6%	90.9%	—
CCHP	91.1%	91.4%	—
CHG	87.9%	91.0%	—
CHW	85.8%	87.8%	—
CalOptima	88.0%	89.9%	—
CalViva	84.2%	90.9%	▲
CenCal	90.9%	92.4%	—
GCHP	90.3%	91.9%	—
HPSJ	84.1%	86.3%	—
HPSM	91.5%	91.8%	—
Health Net	86.0%	90.0%	—
IEHP	86.7%	86.2%	—
KHS	87.2%	85.0%	—
Kaiser NorCal	92.6%	89.9%	—
Kaiser SoCal	94.7%	94.7%	—
L.A. Care	82.4%	87.6%	—
Molina	87.6%	92.9%	—

MCP	2019	2021	2019-2021 Comparison Difference
Partnership	87.7%	88.1%	—
SCFHP	91.2%	91.1%	—
SFHP	91.2%	88.9%	—
UHC	NA	87.0%	NC

Summary of Results

Adult

- ◆ No MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- ◆ The following seven MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
 - Aetna
 - Anthem Blue Cross
 - CenCal
 - Health Net
 - HPSJ
 - IEHP
 - L.A. Care
- ◆ The following two MCPs scored statistically significantly higher in 2021 than in 2019 for the adult population:
 - CHG
 - SCFHP
- ◆ No MCPs scored statistically significantly lower in 2021 than in 2019 for the adult population.

Child

- ◆ Kaiser SoCal scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- ◆ The following three MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
 - Aetna
 - IEHP
 - KHS
- ◆ CaViva scored statistically significantly higher in 2021 than in 2019 for the child population.

- ◆ No MCPs scored statistically significantly lower in 2021 than in 2019 for the child population.

Rating of Specialist Seen Most Often

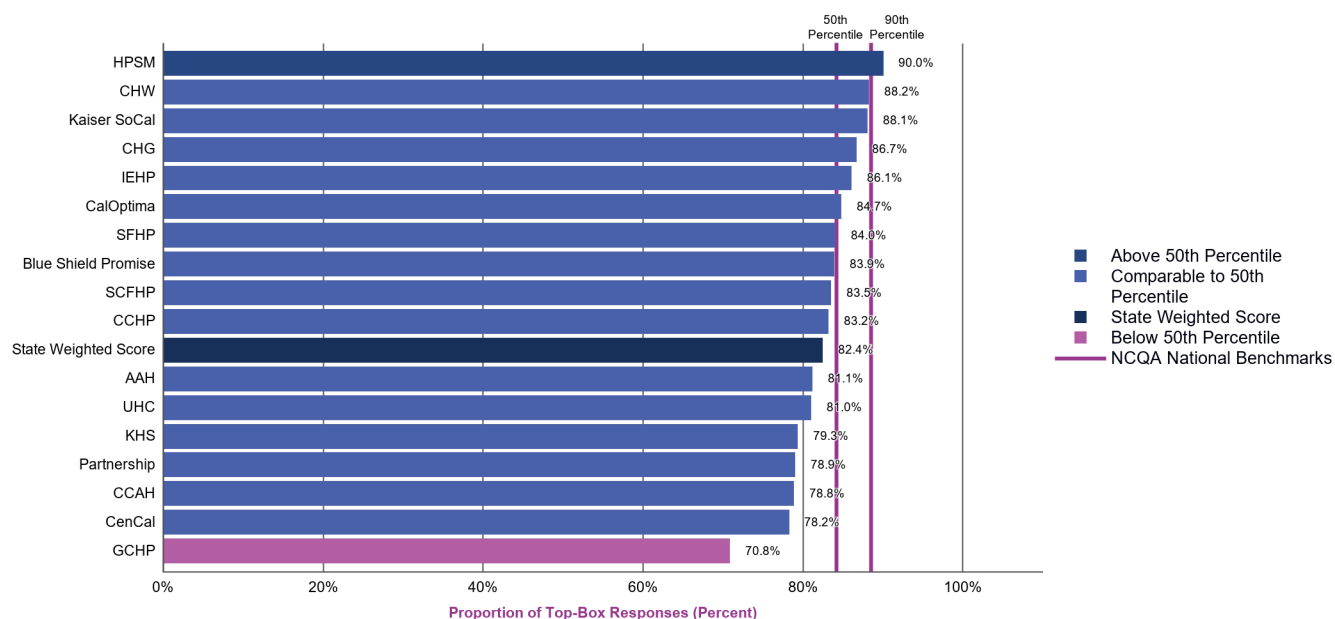
Measure Definition

MCMC members were asked to rate the specialist they talked to most often on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.”

Adult Results

Figure 5.12 shows the adult plan-level top-box scores for Rating of Specialist Seen Most Often.

Figure 5.12—Rating of Specialist Seen Most Often: Adult Top-Box Scores



Scores for the following MCPs and PSP are not displayed in the figure above since these MCPs and PSP had less than 100 responses for this measure:

Aetna	Anthem Blue Cross	CalViva	Health Net	HPSJ
Kaiser NorCal	L.A. Care	Molina	AHF	

Table 5.8 shows the 2019 and 2021 adult MCPs' top-box scores for Rating of Specialist Seen Most Often.

Table 5.8—Rating of Specialist Seen Most Often: Adult Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

NA Indicates data are not available (i.e., less than 100 responses).

NC Indicates the score is not comparable.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP	2019	2021	2019-2021 Comparison Difference
AAH	80.6%	81.1%	—
Aetna	NA	NA	NC
Anthem Blue Cross	74.6%	NA	NC
Blue Shield Promise	82.8%	83.9%	—
CCAH	82.4%	78.8%	—
CCHP	82.5%	83.2%	—
CHG	77.6%	86.7%	▲
CHW	83.7%	88.2%	—
CalOptima	82.2%	84.7%	—
CalViva	74.4%	NA	NC
CenCal	82.9%	78.2%	—
GCHP	81.0%	70.8%	—
HPSJ	77.8%	NA	NC
HPSM	83.4%	90.0%	—
Health Net	81.9%	NA	NC
IEHP	82.5%	86.1%	—
KHS	73.6%	79.3%	—
Kaiser NorCal	NA	NA	NC
Kaiser SoCal	88.6%	88.1%	—
L.A. Care	76.1%	NA	NC

MCP	2019	2021	2019-2021 Comparison Difference
Molina	79.6%	NA	NC
Partnership	84.6%	78.9%	—
SCFHP	81.3%	83.5%	—
SFHP	81.4%	84.0%	—
UHC	83.5%	81.0%	—

Child Results

No MCP or PSP had reportable rates for the child population for Rating of Specialist Seen Most Often. The data for all MCPs/PSP were suppressed since there were less than 100 responses.

Summary of Results

Adult

- ◆ HPSM scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- ◆ GCHP scored statistically significantly below the NCQA adult Medicaid national 50th percentile.
- ◆ CHG scored statistically significantly higher in 2021 than in 2019 for the adult population.
- ◆ No MCPs scored statistically significantly lower in 2021 than in 2019 for the adult population.

Getting Needed Care

Measure Definition

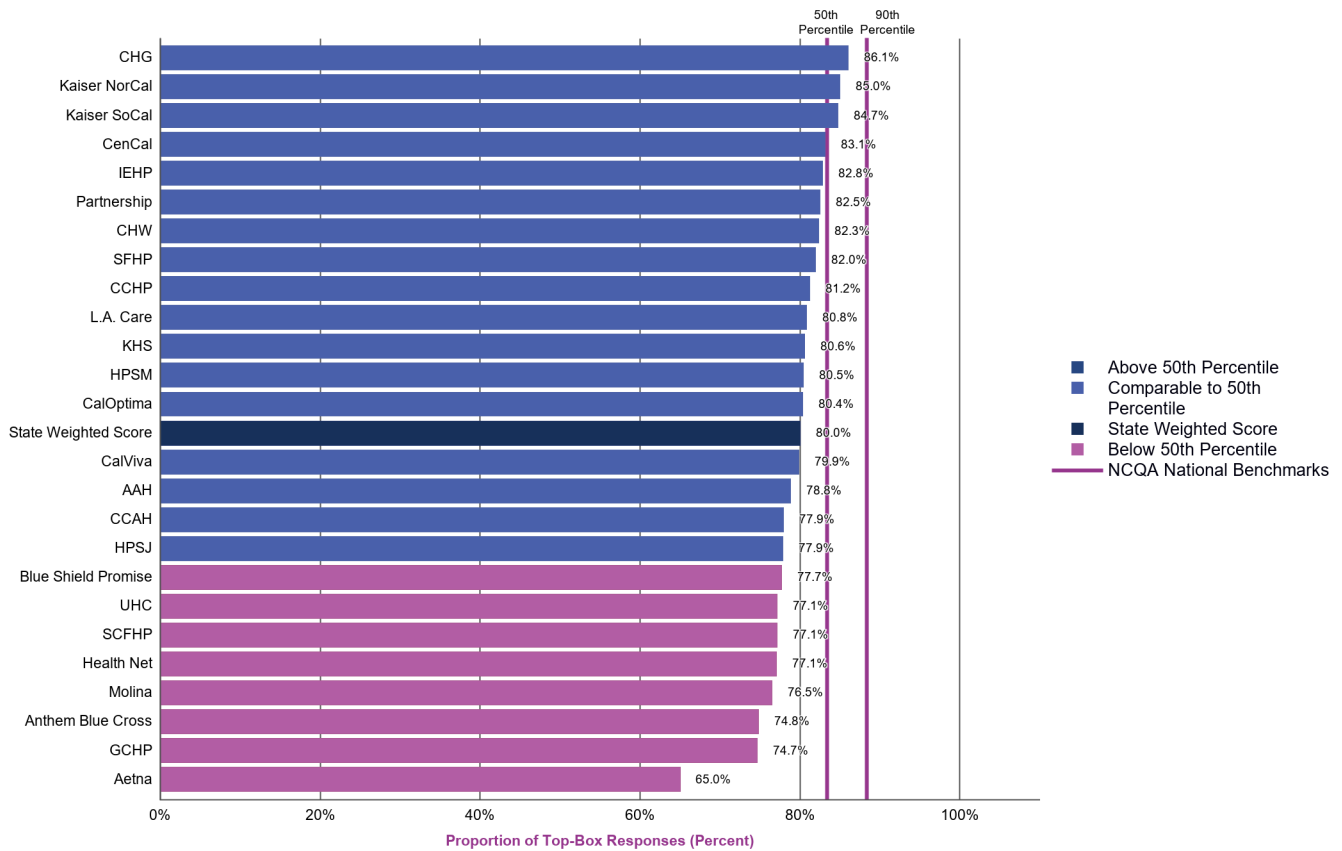
This measure assesses how often it was easy for members to get needed care including:

- ◆ Getting the care, tests, or treatment needed
- ◆ Getting an appointment with a specialist

Adult Results

Figure 5.13 shows the adult plan-level top-box scores for Getting Needed Care.

Figure 5.13—Getting Needed Care: Adult Top-Box Scores



The score for AHF is not displayed in the figure above since this PSP had less than 100 responses for this measure.

Table 5.9 shows the 2019 and 2021 adult MCPs' top-box scores for Getting Needed Care.

Table 5.9—Getting Needed Care: Adult Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

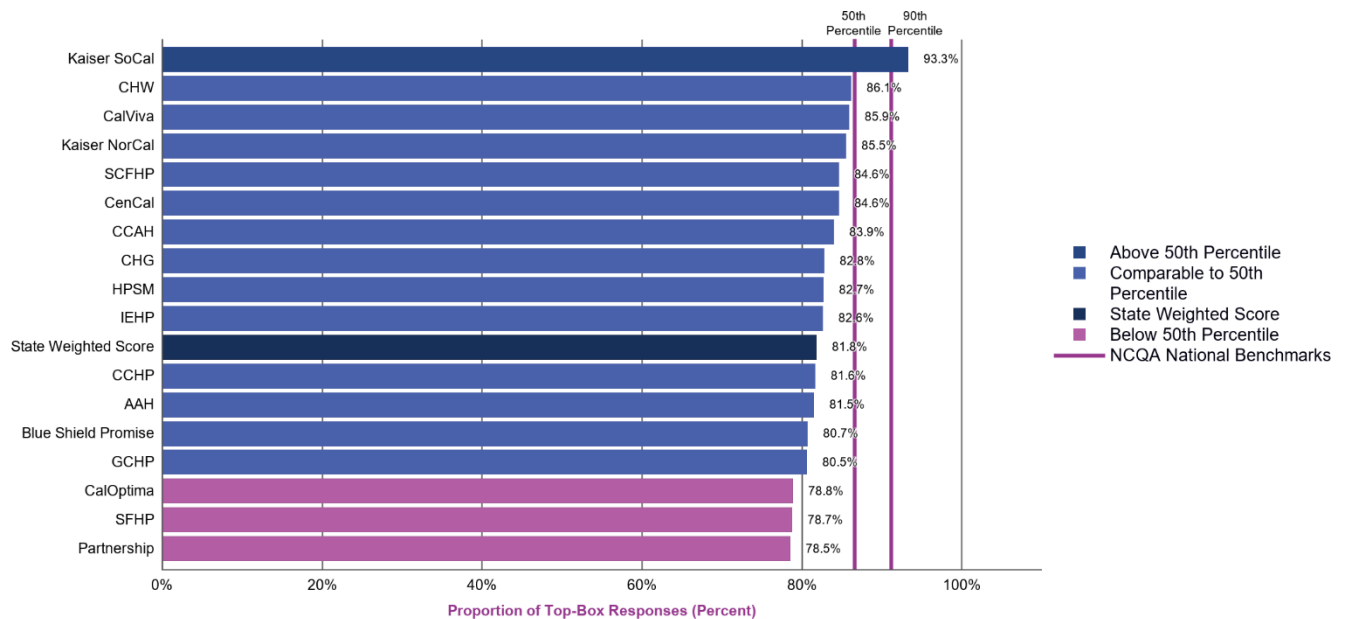
MCP	2019	2021	2019-2021 Comparison Difference
AAH	77.3%	78.8%	—
Aetna	63.7%	65.0%	—
Anthem Blue Cross	70.2%	74.8%	—
Blue Shield Promise	81.9%	77.7%	—
CCAH	81.8%	77.9%	—
CCHP	81.5%	81.2%	—
CHG	82.8%	86.1%	—
CHW	79.4%	82.3%	—
CalOptima	78.0%	80.4%	—
CalViva	69.1%	79.9%	▲
CenCal	80.8%	83.1%	—
GCHP	79.4%	74.7%	—
HPSJ	72.9%	77.9%	—
HPSM	77.6%	80.5%	—
Health Net	75.7%	77.1%	—
IEHP	82.2%	82.8%	—
KHS	80.2%	80.6%	—
Kaiser NorCal	85.9%	85.0%	—
Kaiser SoCal	82.1%	84.7%	—
L.A. Care	75.7%	80.8%	—
Molina	76.0%	76.5%	—
Partnership	79.2%	82.5%	—
SCFHP	71.7%	77.1%	—

MCP	2019	2021	2019-2021 Comparison Difference
SFHP	75.8%	82.0%	—
UHC	71.9%	77.1%	—

Child Results

Figure 5.14 shows the child plan-level top-box scores for Getting Needed Care.

Figure 5.14—Getting Needed Care: Child Top-Box Scores



Scores for the following MCPs and PSP are not displayed in the figure above since these MCPs and PSP had less than 100 responses for this measure:

Aetna	Anthem Blue Cross	Health Net	HPSJ	KHS
L.A. Care	Molina	UHC	RCHSD	

Table 5.10 shows the 2019 and 2021 child MCPs' top-box scores for Getting Needed Care.

Table 5.10—Getting Needed Care: Child Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

NA Indicates data are not available (i.e., less than 100 responses).

NC Indicates the score is not comparable.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP	2019	2021	2019-2021 Comparison Difference
AAH	83.7%	81.5%	—
Aetna	NA	NA	NC
Anthem Blue Cross	77.1%	NA	NC
Blue Shield Promise	83.1%	80.7%	—
CCAH	84.2%	83.9%	—
CCHP	84.0%	81.6%	—
CHG	80.8%	82.8%	—
CHW	88.1%	86.1%	—
CalOptima	77.4%	78.8%	—
CalViva	76.8%	85.9%	▲
CenCal	81.5%	84.6%	—
GCHP	83.8%	80.5%	—
HPSJ	81.4%	NA	NC
HPSM	78.6%	82.7%	—
Health Net	76.5%	NA	NC
IEHP	81.8%	82.6%	—
KHS	78.9%	NA	NC
Kaiser NorCal	88.0%	85.5%	—
Kaiser SoCal	84.4%	93.3%	▲
L.A. Care	73.8%	NA	NC
Molina	82.1%	NA	NC

MCP	2019	2021	2019-2021 Comparison Difference
Partnership	78.6%	78.5%	—
SCFHP	73.8%	84.6%	▲
SFHP	75.6%	78.7%	—
UHC	NA	NA	NC

Summary of Results

Adult

- ◆ No MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- ◆ The following eight MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
 - Aetna
 - Anthem Blue Cross
 - Blue Shield Promise
 - GCHP
 - Health Net
 - Molina
 - SCFHP
 - UHC
- ◆ CalViva scored statistically significantly higher in 2021 than in 2019 for the adult population.
- ◆ No MCPs scored statistically significantly lower in 2021 than in 2019 for the adult population.

Child

- ◆ Kaiser SoCal scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- ◆ The following eight MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
 - AAH
 - Blue Shield Promise
 - CalOptima
 - CCHP
 - GCHP
 - HPSM

- Partnership
- SFHP
- ◆ The following three MCPs scored statistically significantly higher in 2021 than in 2019 for the child population:
 - CalViva
 - Kaiser SoCal
 - SCFHP
- ◆ No MCPs scored statistically significantly lower in 2021 than in 2019 for the child population.

Getting Care Quickly

Measure Definition

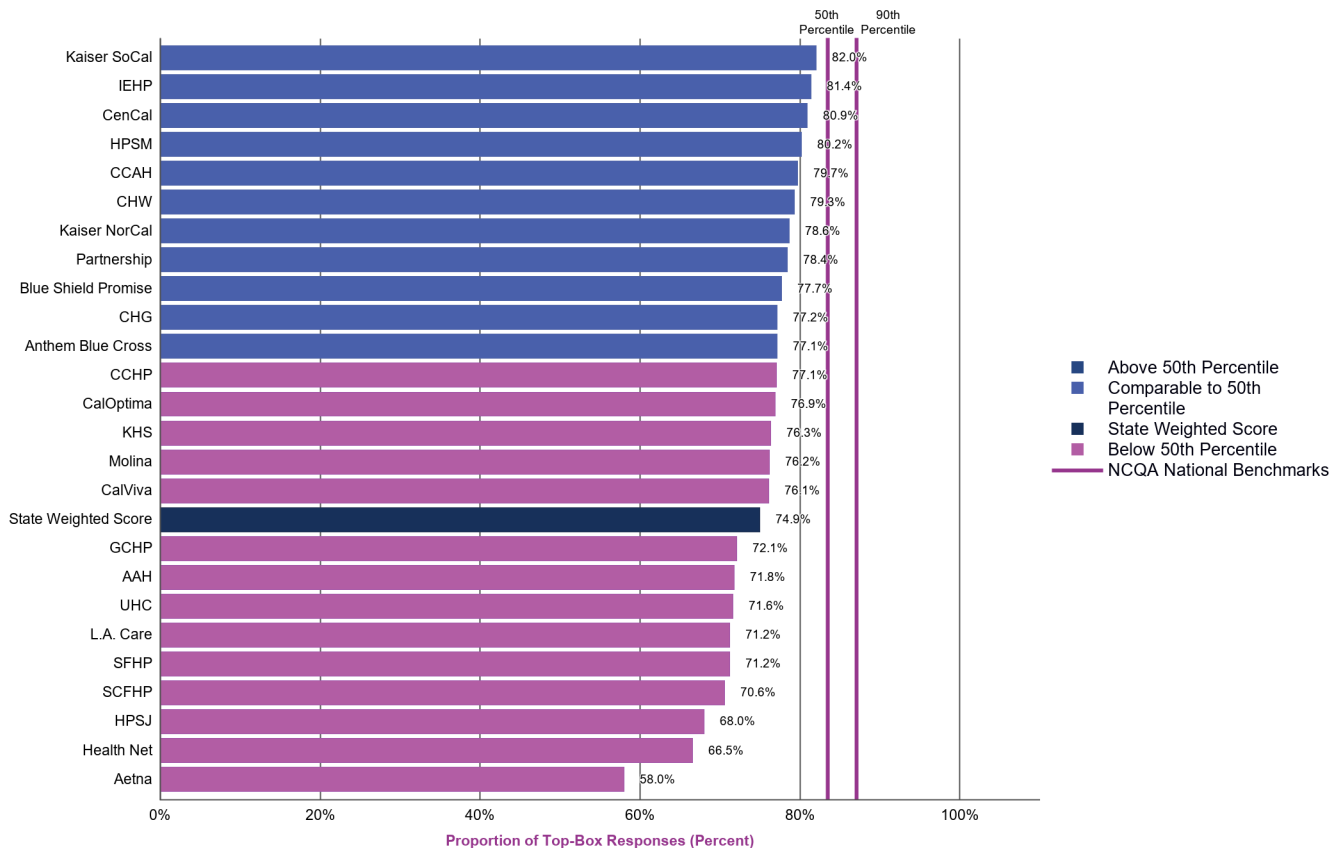
This measure assesses how often it was easy for members to get care quickly including:

- ◆ Getting the care needed when care was needed right away
- ◆ Getting an appointment at a doctor’s office or clinic for a check-up or routine care as soon as needed

Adult Results

Figure 5.15 shows the adult plan-level top-box scores for Getting Care Quickly.

Figure 5.15—Getting Care Quickly: Adult Top-Box Scores



The score for AHF is not displayed in the figure above since this PSP had less than 100 responses for this measure.

Table 5.11 shows the 2019 and 2021 adult MCPs' top-box scores for Getting Care Quickly.

Table 5.11—Getting Care Quickly: Adult Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

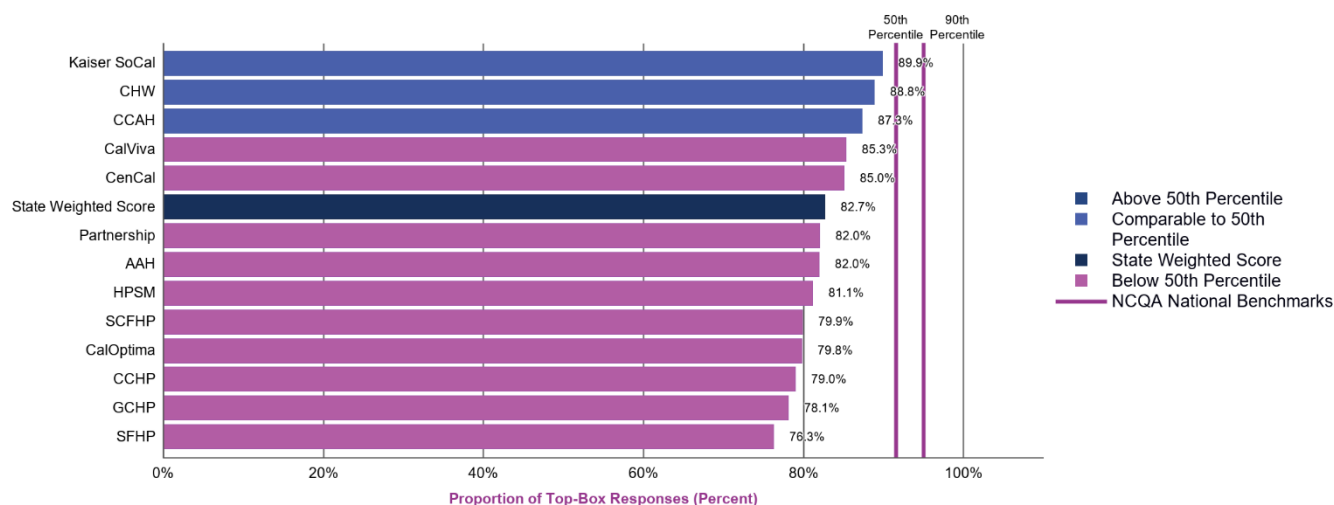
MCP	2019	2021	2019-2021 Comparison Difference
AAH	75.9%	71.8%	—
Aetna	68.4%	58.0%	—
Anthem Blue Cross	70.8%	77.1%	—
Blue Shield Promise	80.8%	77.7%	—
CCAH	72.9%	79.7%	—
CCHP	82.1%	77.1%	—
CHG	79.9%	77.2%	—
CHW	77.4%	79.3%	—
CalOptima	75.0%	76.9%	—
CalViva	73.3%	76.1%	—
CenCal	73.6%	80.9%	—
GCHP	80.6%	72.1%	▼
HPSJ	69.8%	68.0%	—
HPSM	79.3%	80.2%	—
Health Net	76.1%	66.5%	—
IEHP	81.5%	81.4%	—
KHS	76.1%	76.3%	—
Kaiser NorCal	79.9%	78.6%	—
Kaiser SoCal	79.8%	82.0%	—
L.A. Care	74.8%	71.2%	—
Molina	75.5%	76.2%	—
Partnership	80.5%	78.4%	—
SCFHP	67.7%	70.6%	—

MCP	2019	2021	2019-2021 Comparison Difference
SFHP	71.0%	71.2%	—
UHC	68.4%	71.6%	—

Child Results

Figure 5.16 shows the child plan-level top-box scores for Getting Care Quickly.

Figure 5.16—Getting Care Quickly: Child Top-Box Scores



Scores for the following MCPs and PSP are not displayed in the figure above since these MCPs and PSP had less than 100 responses for this measure⁵⁻³:

Aetna	Anthem Blue Cross	Blue Shield Promise	CHG	Health Net
HPSJ	IEHP	Kaiser NorCal	KHS	L.A. Care
Molina	UHC	RCHSD		

⁵⁻³ The CAHPS survey has built-in skip logic; therefore, if child members are not receiving certain services, respondents are instructed to skip specific questions resulting in fewer responses. For Getting Care Quickly, the two lead questions ask parents/caretakers if their child had an illness, injury or condition that needed care right away and if they made any in person, phone or video appointments for a check-up or routine care for their child in the last six months. If a respondent answers “No” to these questions, they are directed to skip the questions that collectively comprise the Getting Care Quickly composite measure.

Table 5.12 shows the 2019 and 2021 child MCPs' top-box scores for Getting Care Quickly.

Table 5.12—Getting Care Quickly: Child Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

NA Indicates data are not available (i.e., less than 100 responses).

NC Indicates the score is not comparable.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP	2019	2021	2019-2021 Comparison Difference
AAH	83.2%	82.0%	—
Aetna	NA	NA	NC
Anthem Blue Cross	80.9%	NA	NC
Blue Shield Promise	90.7%	NA	NC
CCAH	86.1%	87.3%	—
CCHP	88.3%	79.0%	▼
CHG	85.4%	NA	NC
CHW	85.3%	88.8%	—
CalOptima	82.0%	79.8%	—
CalViva	79.0%	85.3%	—
CenCal	84.3%	85.0%	—
GCHP	85.1%	78.1%	—
HPSJ	85.8%	NA	NC
HPSM	81.1%	81.1%	—
Health Net	86.2%	NA	NC
IEHP	88.3%	NA	NC
KHS	84.9%	NA	NC
Kaiser NorCal	93.8%	NA	NC
Kaiser SoCal	88.8%	89.9%	—
L.A. Care	78.4%	NA	NC
Molina	82.0%	NA	NC

MCP	2019	2021	2019-2021 Comparison Difference
Partnership	86.7%	82.0%	—
SCFHP	83.5%	79.9%	—
SFHP	84.0%	76.3%	—
UHC	NA	NA	NC

Summary of Results

Adult

- ◆ No MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- ◆ The following 14 MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
 - Aetna
 - AAH
 - CalOptima
 - CalViva
 - CCHP
 - GCHP
 - Health Net
 - HPSJ
 - KHS
 - L.A. Care
 - Molina
 - SCFHP
 - SFHP
 - UHC
- ◆ No MCPs scored statistically significantly higher in 2021 than in 2019 for the adult population.
- ◆ GCHP scored statistically significantly lower in 2021 than in 2019 for the adult population.

Child

- ◆ No MCPs that scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- ◆ The following 13 MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
 - AAH
 - CalOptima
 - CalViva
 - CCAH
 - CCHP
 - CenCal
 - CHW
 - GCHP
 - HPSM
 - Kaiser SoCal
 - Partnership
 - SCFHP
 - SFHP
- ◆ No MCPs scored statistically significantly higher in 2021 than in 2019 for the child population.
- ◆ CCHP scored statistically significantly lower in 2021 than in 2019 for the child population.

How Well Doctors Communicate

Measure Definition

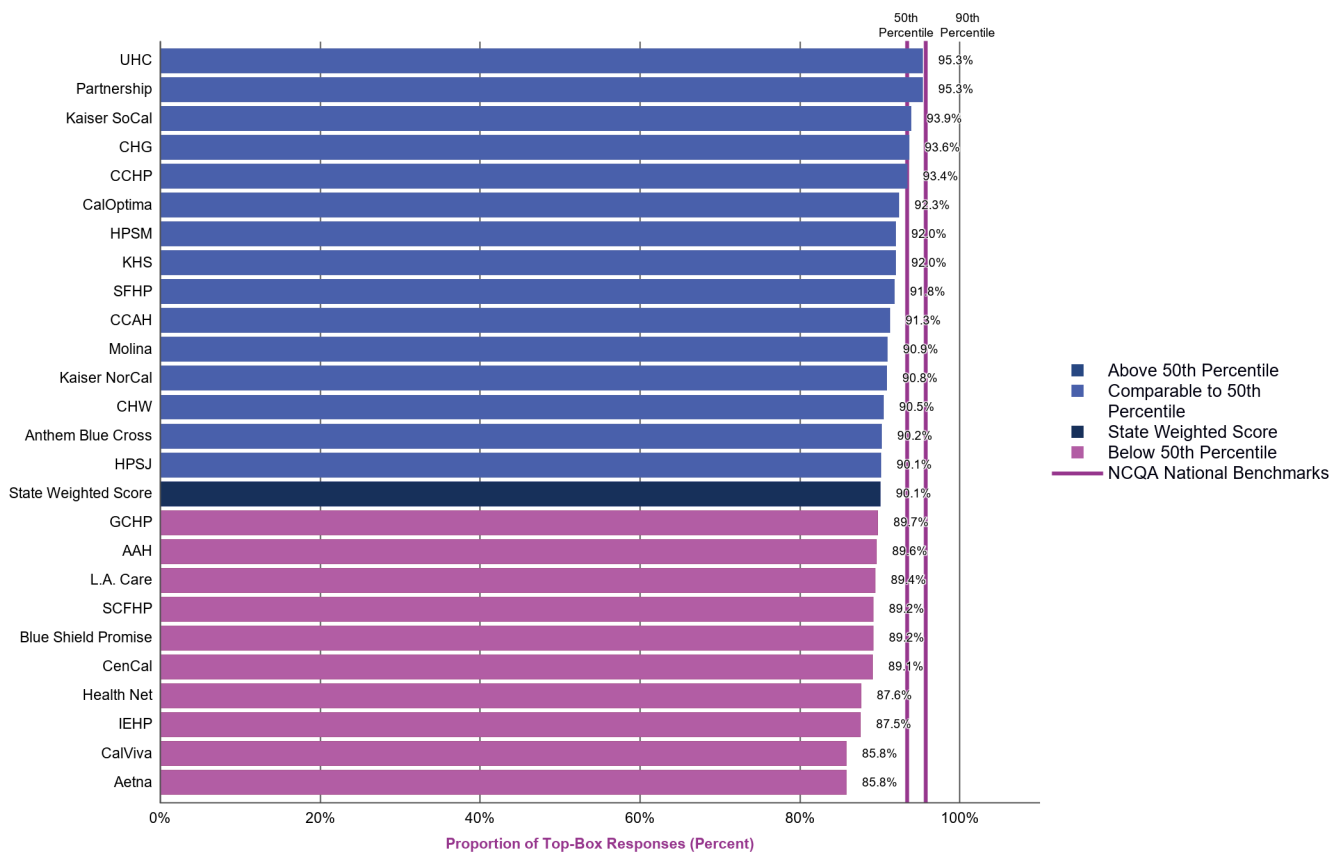
This measure assesses how often members' doctors communicated well including:

- ◆ Explained things in a way that was easy to understand
- ◆ Listened carefully to member
- ◆ Showed respect for what member had to say
- ◆ Spent enough time with member

Adult Results

Figure 5.17 shows the adult plan-level top-box scores for How Well Doctors Communicate.

Figure 5.17—How Well Doctors Communicate: Adult Top-Box Scores



The score for AHF is not displayed in the figure above since this PSP had less than 100 responses for this measure.

Table 5.13 shows the 2019 and 2021 adult MCPs' top-box scores for How Well Doctors Communicate.

Table 5.13—How Well Doctors Communicate: Adult Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

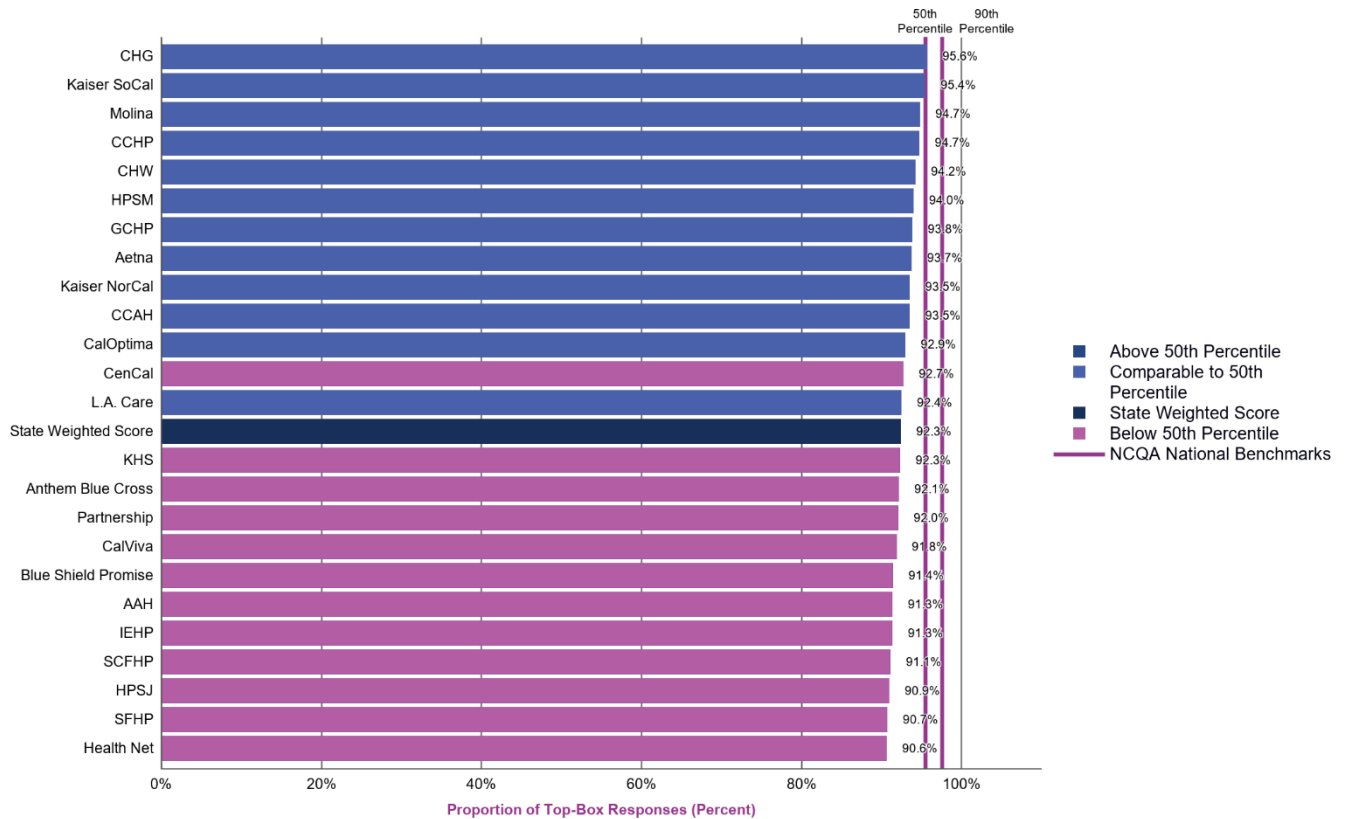
MCP	2019	2021	2019-2021 Comparison Difference
AAH	90.0%	89.6%	—
Aetna	89.5%	85.8%	—
Anthem Blue Cross	86.4%	90.2%	—
Blue Shield Promise	92.7%	89.2%	—
CCAH	90.4%	91.3%	—
CCHP	95.8%	93.4%	—
CHG	91.8%	93.6%	—
CHW	90.3%	90.5%	—
CalOptima	90.0%	92.3%	—
CalViva	86.5%	85.8%	—
CenCal	90.6%	89.1%	—
GCHP	92.5%	89.7%	—
HPSJ	86.6%	90.1%	—
HPSM	93.1%	92.0%	—
Health Net	88.5%	87.6%	—
IEHP	88.9%	87.5%	—
KHS	89.2%	92.0%	—
Kaiser NorCal	91.3%	90.8%	—
Kaiser SoCal	93.5%	93.9%	—
L.A. Care	84.8%	89.4%	—
Molina	91.9%	90.9%	—
Partnership	91.1%	95.3%	▲

MCP	2019	2021	2019-2021 Comparison Difference
SCFHP	88.7%	89.2%	—
SFHP	91.3%	91.8%	—
UHC	87.7%	95.3%	▲

Child Results

Figure 5.18 shows the child plan-level top-box scores for How Well Doctors Communicate.

Figure 5.18—How Well Doctors Communicate: Child Top-Box Scores



Scores for RCHSD and UHC are not displayed in the figure above since the PSP and MCP, respectively, had less than 100 responses for this measure.

Table 5.14 shows the 2019 and 2021 child MCPs' top-box scores for How Well Doctors Communicate.

Table 5.14—How Well Doctors Communicate: Child Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

NA Indicates data are not available (i.e., less than 100 responses).

NC Indicates the score is not comparable.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP	2019	2021	2019-2021 Comparison Difference
AAH	95.1%	91.3%	▼
Aetna	NA	93.7%	NC
Anthem Blue Cross	88.5%	92.1%	—
Blue Shield Promise	93.1%	91.4%	—
CCAH	91.2%	93.5%	—
CCHP	93.9%	94.7%	—
CHG	92.5%	95.6%	—
CHW	93.5%	94.2%	—
CalOptima	92.2%	92.9%	—
CalViva	87.0%	91.8%	▲
CenCal	90.5%	92.7%	—
GCHP	92.7%	93.8%	—
HPSJ	89.8%	90.9%	—
HPSM	93.2%	94.0%	—
Health Net	90.9%	90.6%	—
IEHP	91.7%	91.3%	—
KHS	91.1%	92.3%	—
Kaiser NorCal	96.8%	93.5%	—
Kaiser SoCal	96.3%	95.4%	—
L.A. Care	85.7%	92.4%	▲

MCP	2019	2021	2019-2021 Comparison Difference
Molina	90.6%	94.7%	—
Partnership	93.1%	92.0%	—
SCFHP	91.3%	91.1%	—
SFHP	92.0%	90.7%	—
UHC	NA	NA	NC

Summary of Results

Adult

- ◆ No MCPs scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- ◆ The following 10 MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
 - Aetna
 - AAH
 - Blue Shield Promise
 - CalViva
 - CenCal
 - GCHP
 - Health Net
 - IEHP
 - L.A. Care
 - SCFHP
- ◆ The following two MCPs scored statistically significantly higher in 2021 than in 2019 for the adult population:
 - Partnership
 - UHC
- ◆ No MCPs scored statistically significantly lower in 2021 than in 2019 for the adult population.

Child

- ◆ No MCPs scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- ◆ The following 15 MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
 - AAH
 - Anthem Blue Cross
 - Blue Shield Promise
 - CalOptima
 - CalViva
 - CCAH
 - CenCal
 - Health Net
 - HPSJ
 - IEHP
 - KHS
 - L.A. Care
 - Partnership
 - SCFHP
 - SFHP
- ◆ The following two MCPs scored statistically significantly higher in 2021 than in 2019 for the child population:
 - CalViva
 - L.A. Care
- ◆ AAH scored statistically significantly lower in 2021 than in 2019 for the child population.

Customer Service

Measure Definition

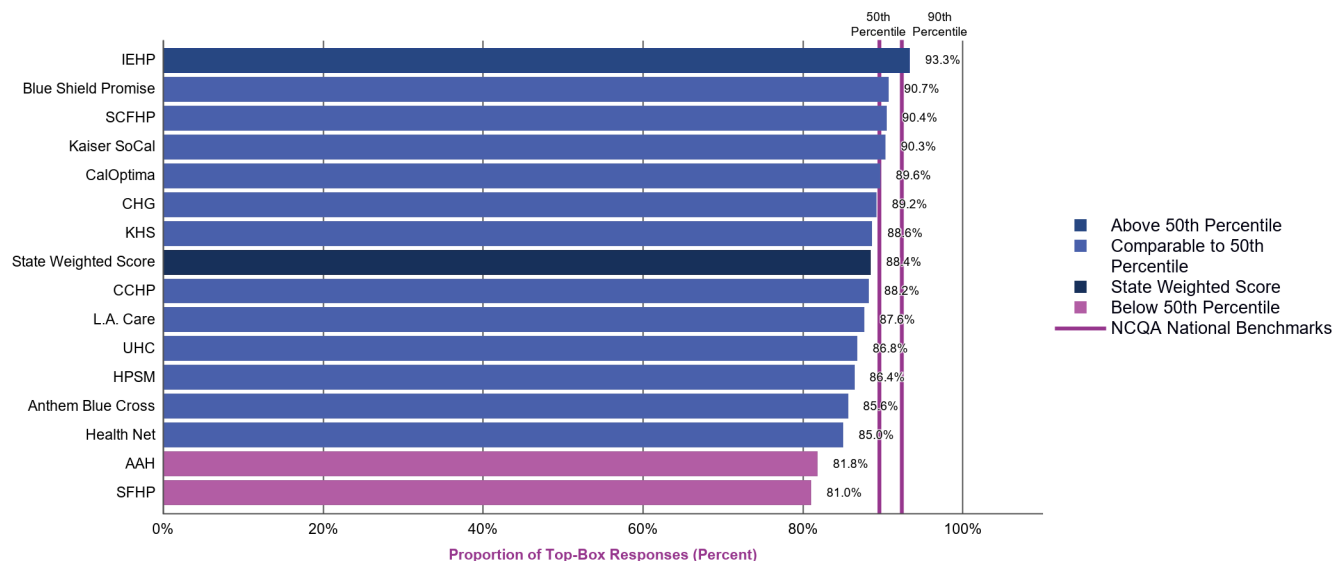
This measure assesses how often members were satisfied with their health plan’s customer service including:

- ◆ Received information or help needed
- ◆ Treated with courtesy and respect

Adult Results

Figure 5.19 shows the adult plan-level top-box scores for Customer Service.

Figure 5.19—Customer Service: Adult Top-Box Scores



Scores for the following MCPs and PSP are not displayed in the figure above since these MCPs and PSP had less than 100 responses for this measure.⁵⁻⁴

Aetna	CalViva	CCAH	CenCal	CHW
GCHP	HPSJ	Kaiser NorCal	Molina	Partnership
AHF				

⁵⁻⁴ The CAHPS survey has built-in skip logic; therefore, if members are not receiving certain services, respondents are instructed to skip specific questions, resulting in fewer responses. For Customer Service, the lead question asks if the member got information or help from their health plan’s customer service in the last six months. If a respondent answers “No” to this question, they are directed to skip the questions that collectively comprise the Customer Service composite measure.

Table 5.15 shows the 2019 and 2021 adult MCPs' top-box scores for Customer Service.

Table 5.15—Customer Service: Adult Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

NA Indicates data are not available (i.e., less than 100 responses).

NC Indicates the score is not comparable.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

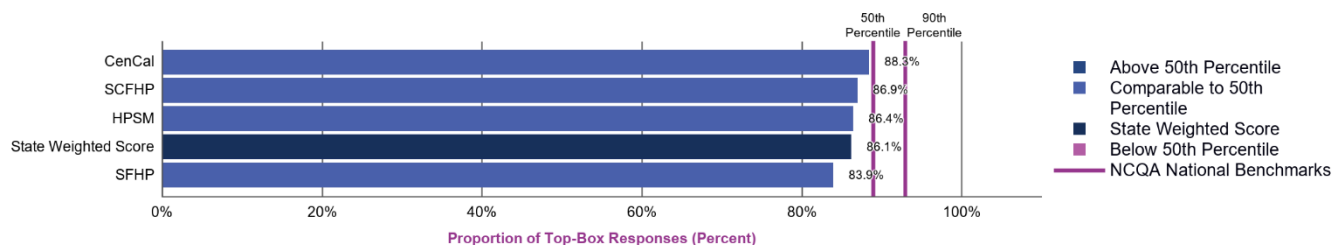
MCP	2019	2021	2019-2021 Comparison Difference
AAH	NA	81.8%	NC
Aetna	NA	NA	NC
Anthem Blue Cross	NA	85.6%	NC
Blue Shield Promise	84.6%	90.7%	—
CCAH	NA	NA	NC
CCHP	87.2%	88.2%	—
CHG	91.0%	89.2%	—
CHW	NA	NA	NC
CalOptima	NA	89.6%	NC
CalViva	NA	NA	NC
CenCal	NA	NA	NC
GCHP	NA	NA	NC
HPSJ	NA	NA	NC
HPSM	88.7%	86.4%	—
Health Net	NA	85.0%	NC
IEHP	91.9%	93.3%	—
KHS	NA	88.6%	NC
Kaiser NorCal	NA	NA	NC
Kaiser SoCal	NA	90.3%	NC
L.A. Care	NA	87.6%	NC
Molina	86.6%	NA	NC

MCP	2019	2021	2019-2021 Comparison Difference
Partnership	NA	NA	NC
SCFHP	NA	90.4%	NC
SFHP	83.6%	81.0%	—
UHC	81.4%	86.8%	—

Child Results

Figure 5.20 shows the child plan-level top-box scores for Customer Service.

Figure 5.20—Customer Service: Child Top-Box Scores



Scores for the following MCPs and PSP are not displayed in the figure above since these MCPs and PSP had less than 100 responses for this measure:⁵⁻⁵

Aetna	AAH	Anthem Blue Cross	Blue Shield Promise	CalOptima
CalViva	CCAH	CCHP	CHG	CHW
GCHP	Health Net	HPSJ	IEHP	Kaiser NorCal
Kaiser SoCal	KHS	L.A. Care	Molina	Partnership
UHC	RCHSD			

⁵⁻⁵ The CAHPS survey has built-in skip logic; therefore, if child members are not receiving certain services, respondents are instructed to skip specific questions, resulting in fewer responses. For Customer Service, the lead question asks parents/caretakers if they got information or help from customer service at their child’s health plan in the last six months. If a respondent answers “No” to this question, they are directed to skip the questions that collectively comprise the Customer Service composite measure.

Table 5.16 shows the 2019 and 2021 child MCPs' top-box scores for Customer Service.

Table 5.16—Customer Service: Child Comparative Analysis Results

▲ Indicates the 2021 score is statistically significantly higher than the 2019 score.

▼ Indicates the 2021 score is statistically significantly lower than the 2019 score.

— Indicates the 2021 score is not statistically significantly different than the 2019 score.

NA Indicates data are not available (i.e., less than 100 responses).

NC Indicates the score is not comparable.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP	2019	2021	2019-2021 Comparison Difference
AAH	NA	NA	NC
Aetna	NA	NA	NC
Anthem Blue Cross	NA	NA	NC
Blue Shield Promise	NA	NA	NC
CCAH	88.2%	NA	NC
CCHP	NA	NA	NC
CHG	NA	NA	NC
CHW	NA	NA	NC
CalOptima	86.0%	NA	NC
CalViva	NA	NA	NC
CenCal	NA	88.3%	NC
GCHP	NA	NA	NC
HPSJ	NA	NA	NC
HPSM	94.3%	86.4%	▼
Health Net	NA	NA	NC
IEHP	91.9%	NA	NC
KHS	NA	NA	NC
Kaiser NorCal	NA	NA	NC
Kaiser SoCal	NA	NA	NC
L.A. Care	86.5%	NA	NC
Molina	90.9%	NA	NC

MCP	2019	2021	2019-2021 Comparison Difference
Partnership	NA	NA	NC
SCFHP	NA	86.9%	NC
SFHP	90.8%	83.9%	—
UHC	NA	NA	NC

Summary of Results

Adult

- ◆ IEHP scored statistically significantly above the NCQA adult Medicaid national 50th percentile.
- ◆ The following two MCPs scored statistically significantly below the NCQA adult Medicaid national 50th percentile:
 - AAH
 - SFHP
- ◆ No MCPs scored statistically significantly higher or lower in 2021 than in 2019 for the adult population.

Child

- ◆ No MCPs scored statistically significantly above the NCQA child Medicaid national 50th percentile.
- ◆ The following two MCPs scored statistically significantly below the NCQA child Medicaid national 50th percentile:
 - HPSM
 - SFHP
- ◆ No MCPs scored statistically significantly higher in 2021 than in 2019 for the child population.
- ◆ HPSM scored statistically significantly lower in 2021 than in 2019 for the child population.

Effectiveness of Care Measures

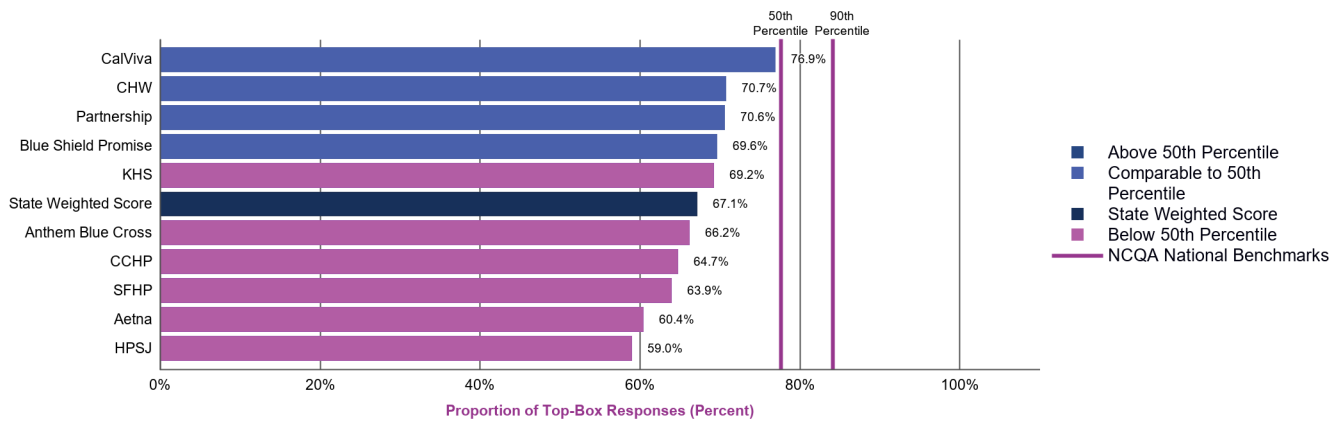
Advising Smokers and Tobacco Users to Quit

One question was asked to assess how often members were advised to quit smoking or using tobacco by a doctor or other health provider in their plan.

Adult Results

Figure 5.21 shows the adult plan-level scores for Advising Smokers and Tobacco Users to Quit.

Figure 5.21—Advising Smokers and Tobacco Users to Quit: Adult Scores



Scores for the following MCPs and PSP are not displayed in the figure above since these MCPs and PSP had less than 100 responses for this measure:

AAH	CalOptima	CCAH	CenCal	CHG
GCHP	Health Net	HPSM	IEHP	Kaiser NorCal
Kaiser SoCal	L.A. Care	Molina	SCFHP	UHC
AHF				

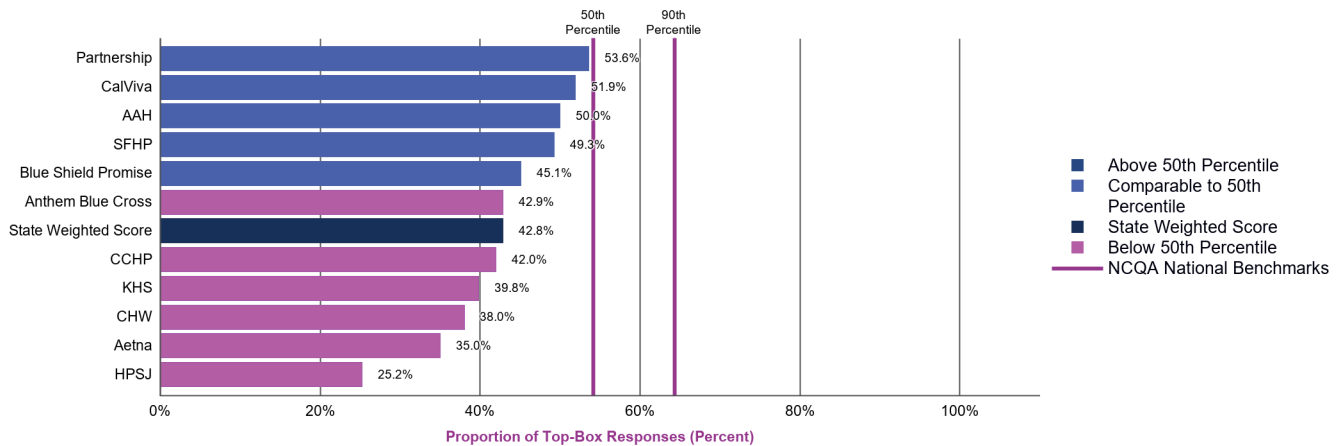
Discussing Cessation Medications

One question was asked to assess how often medication was recommended or discussed by a doctor or other health provider to assist members with quitting smoking or using tobacco.

Adult Results

Figure 5.22 shows the adult plan-level scores for Discussing Cessation Medications.

Figure 5.22—Discussing Cessation Medications: Adult Scores



Scores for the following MCPs and PSP are not displayed in the figure above since these MCPs and PSP had less than 100 responses for this measure:

CalOptima	CCAH	CenCal	CHG	GCHP
Health Net	HPSM	IEHP	Kaiser NorCal	Kaiser SoCal
L.A. Care	Molina	SCFHP	UHC	AHF

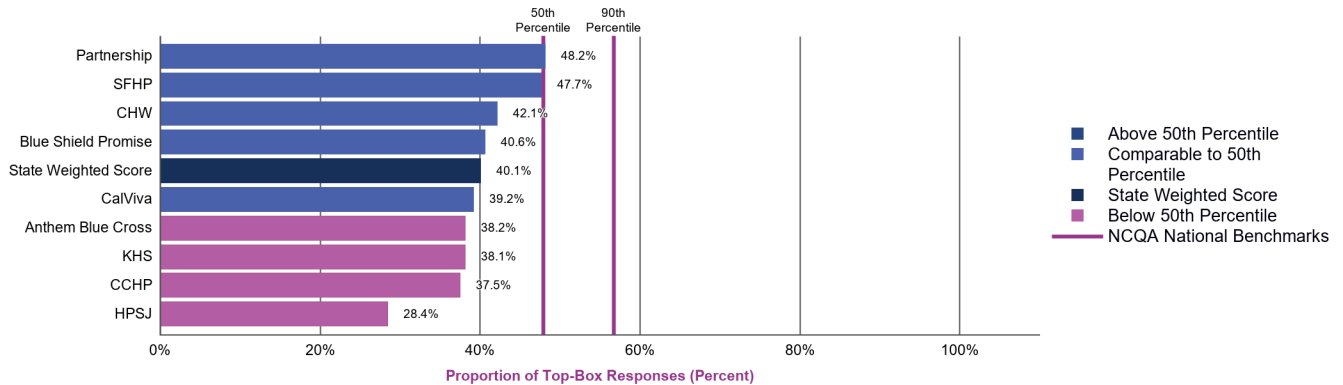
Discussing Cessation Strategies

One question was asked to assess how often doctors or other health providers discussed or provided methods or strategies other than medication to assist members with quitting smoking or using tobacco.

Adult Results

Figure 5.23 shows the adult plan-level scores for Discussing Cessation Strategies.

Figure 5.23—Discussing Cessation Strategies: Adult Scores



Scores for the following MCPs and PSP are not displayed in the figure above since these MCPs and PSP had less than 100 responses for this measure:

Aetna	AAH	CalOptima	CCAH	CenCal
CHG	GCHP	Health Net	HPSM	IEHP
Kaiser NorCal	Kaiser SoCal	L.A. Care	Molina	SCFHP
UHC	AHF			

Supplemental Items Results

DHCS elected to add eight and 10 supplemental questions to the CAHPS adult Medicaid and child Medicaid surveys, respectively. Please refer to Appendix C: Supplemental Items Results for the detailed results of the supplemental items.

6. Conclusions and Considerations

Conclusions

HSAG used the results from the State weighted scores, State Comparisons, and Comparative Analysis to identify notable results. HSAG also used the results to identify opportunities for improvement for DHCS' consideration as DHCS engages with MCPs on quality improvement strategies. HSAG could not draw any conclusions for the PSPs, since no results were reportable (i.e., data were suppressed for all measures).

HSAG concluded the survey respondent populations and sample frame populations were different across all demographic categories for some MCPs (both adult and child populations) based on the respondent analysis results.

HSAG observed the following notable results for the adult population:

- ◆ The following MCPs' 2021 scores were statistically significantly higher than the 2019 scores:
 - Anthem Blue Cross (Rating of Health Plan)
 - CHG (Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often)
 - CalViva (Getting Needed Care)
 - Partnership (How Well Doctors Communicate)
 - SCFHP (Rating of All Health Care, Rating of Personal Doctor)
 - UHC (How Well Doctors Communicate)
- ◆ The following MCPs' 2021 scores were statistically significantly higher than the 2019 scores but did not score at or above the 2020 NCQA adult Medicaid 50th percentiles:
 - Anthem Blue Cross (Rating of Health Plan)
 - CalViva (Getting Needed Care)
 - SCFHP (Rating of Personal Doctor)
- ◆ GCHP's 2021 score was statistically significantly lower than the 2019 score for the Getting Care Quickly measure

HSAG observed the following notable results for the child population:

- ◆ The following MCPs' 2021 scores were statistically significantly higher than the 2019 scores:
 - CalViva (Rating of All Health Care, Rating of Personal Doctor, Getting Needed Care, How Well Doctors Communicate)
 - CenCal (Rating of Health Plan)
 - Health Net (Rating of Health Plan, Rating of All Health Care)

- KHS (Rating of All Health Care)
- Kaiser SoCal (Getting Needed Care)
- L.A. Care (How Well Doctors Communicate)
- Molina (Rating of All Health Care)
- SCFHP (Getting Needed Care)
- ◆ The following MCPs' 2021 scores were statistically significantly higher than the 2019 scores but did not score at or above the 2020 NCQA child Medicaid 50th percentiles:
 - CalViva (Rating of All Health Care, Getting Needed Care, How Well Doctors Communicate)
 - KHS (Rating of All Health Care)
 - L.A. Care (How Well Doctors Communicate)
 - Molina (Rating of All Health Care)
 - SCFHP (Getting Needed Care)
- ◆ The following MCPs' 2021 scores were statistically significantly lower than the 2019 scores:
 - AAH (How Well Doctors Communicate)
 - CCHP (Getting Care Quickly)
 - HPSM (Customer Service)

The following findings indicate opportunities for improvement in member experience for several areas of care for the adult population:

- ◆ The adult State weighted scores were below the 2020 NCQA adult Medicaid national 50th percentiles for all measures for the adult population.
- ◆ Aetna scored significantly below the 2020 NCQA adult Medicaid national 50th percentiles for six of the eight measures for the adult population:
 - Rating of Health Plan
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
- ◆ GCHP scored significantly below the 2020 NCQA adult Medicaid national 50th percentiles for five of the eight measures for the adult population:
 - Rating of Health Plan
 - Rating of Specialist Seen Most Often
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate

- ◆ Health Net scored significantly below the 2020 NCQA adult Medicaid national 50th percentiles for five of the eight measures for the adult population:
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
- ◆ SCFHP scored significantly below the 2020 NCQA adult Medicaid national 50th percentiles for four of the eight measures for the adult population:
 - Rating of Health Plan
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate

The following findings indicate opportunities for improvement in member experience for several areas of care for the child population:

- ◆ The child State weighted scores were below the 2020 NCQA child Medicaid national 50th percentiles for all measures for the child population except Rating of Health Plan, Rating of All Health Care, and Rating of Specialist Seen Most Often.
- ◆ AAH, CalOptima, and Partnership scored significantly below the 2020 NCQA child Medicaid national 50th percentiles for three of the seven reportable measures for the child population:
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
- ◆ HPSM scored significantly below the 2020 NCQA child Medicaid national 50th percentiles for three of the seven reportable measures for the child population:
 - Getting Needed Care
 - Getting Care Quickly
 - Customer Service
- ◆ SFHP scored significantly below the 2020 NCQA child Medicaid national averages for four of the seven reportable measures for the child population:
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
 - Customer Service

HSAG observed the following differences in scores for the adult population:

- ◆ The differences between the NCQA Medicaid national 50th percentiles and the NCQA Medicaid national 90th percentiles ranged from 2.3 percentage points to 10.2 percentage points, with an average of 5.8 percentage points.
- ◆ The differences between the adult population's State weighted scores and the adult Medicaid national 50th percentiles ranged from 29.0 percentage points below to 15.0 percentage points above the NCQA Medicaid national 50th percentiles, with an average of 4.8 percentage points below the NCQA Medicaid 50th percentiles.

HSAG observed the following differences in scores for the child population:

- ◆ The differences between the NCQA child Medicaid national 50th percentiles and the child Medicaid national 90th percentiles ranged from 2.1 percentage points to 5.3 percentage points, with an average of 3.8 percentage points.
- ◆ The differences between the child population's State weighted scores and the child Medicaid national 50th percentiles ranged from 15.5 percentage points below to 12.9 percentage points above the NCQA Medicaid national 50th percentiles, with an average of 2.0 percentage points below the NCQA Medicaid 50th percentiles.

Disparities in Member Experience

HSAG evaluated the results of the supplemental questions to the CAHPS surveys that asked if members needed an interpreter at their/their child's personal doctor's office, and if so, how often they got an interpreter when they needed one. Approximately 14 percent and 20 percent of adult respondent and parents or caretakers of child member respondents, respectively, indicated that they needed an interpreter; however, approximately 35 percent and 25 percent of adult respondents and parents or caretakers of child member respondents, respectively, indicated that they never or only sometimes got an interpreter when they needed one.

Quality Improvement Efforts

DHCS is currently working with MCPs and PSPs to implement the following quality improvement and health management efforts that are expected to improve member wellness and experience:

- ◆ **CalAIM:** This multi-year initiative strives to improve the quality of life and health outcomes of the Medi-Cal population using a whole-person care approach that targets social drivers of health with a goal of reducing health disparities and inequities. Specifically, a major goal of CalAIM is to standardize benefits and care delivery across the state of California, reducing variation for members as they move within the State and between MCPs and PSPs, and improving consistency, access, and member experience.

- ◆ Performance Improvement Projects (PIPs): DHCS requires MCPs to conduct one PIP focusing on improving child and adolescent health and another PIP on an identified health disparity. While none of the PIPs focus specifically on improving member experience, MCPs and PSPs are testing interventions that may contribute to improved member experience and support DHCS' quality strategy goals of engaging members as owners of their own care, keeping families and communities healthy, providing early interventions for rising risk, and providing whole person care for high-risk populations. Following are examples of these interventions:
 - Delivering medically-tailored meals to members with chronic conditions to support improved nutrition and health.
 - Providing transportation to and from health care appointments.
 - Offering health navigators to support high-risk members in getting needed health care services.
 - Conducting mobile health care community events.
 - Administering targeted surveys to high-risk members to identify priority needs.
 - Conducting Saturday clinics.
- ◆ Population Needs Assessment (PNA): The PNA is aimed at improving health outcomes for all members, including the Seniors and Persons with Disabilities population, children with special health care needs, members with limited English proficiency, and other member subgroups from diverse cultural and racial/ethnic backgrounds. MCPs and PSPs must use plan-level disparities data to help inform the PNA, use PNA findings to identify opportunities for improvement, and take action to address them. Examples of efforts MCPs and PSPs are engaging in to improve member experience include:
 - Increasing providers' knowledge about how to access interpreter services.
 - Promoting members' use of phone and video remote interpreter services at provider sites.
 - Implementing culturally appropriate member outreach campaigns and conducting health education.
 - Conducting provider cultural competency trainings.

Considerations

While HSAG's comparison of the 2021 results to previous years identified issues with incomplete and inaccurate contact information for adult and child members, DHCS is actively working to improve the completeness and accuracy of these data through the CalAIM initiative on improving beneficiary contact information. HSAG encourages DHCS to continue investigating the causes for the incomplete and inaccurate data and identifying the actions needed to improve the data quality.

In addition, HSAG observed that several measures scored below the NCQA Medicaid national 50th percentiles for MCPs across the adult and child populations, which may reflect potential issues with the quality and timeliness of, and access to care for members. HSAG suggests that

DHCS consider working with MCPs to identify if potential issues are systemic beyond the impact of the public health emergency and, if so, identify strategies for improving upon the areas that fell below the NCQA Medicaid national 50th percentiles. The following measures scored below the 2020 NCQA adult Medicaid national 50th percentiles for the adult statewide program aggregate:

- ◆ Rating of Health Plan
- ◆ Rating of All Health Care
- ◆ Rating of Personal Doctor
- ◆ Rating of Specialist Seen Most Often
- ◆ Getting Needed Care
- ◆ Getting Care Quickly
- ◆ How Well Doctors Communicate
- ◆ Customer Service
- ◆ Advising Smokers and Tobacco Users to Quit
- ◆ Discussing Cessation Medications
- ◆ Discussing Cessation Strategies

The following measures scored below the 2020 NCQA child Medicaid national 50th percentiles for the child statewide program aggregate:

- ◆ Rating of Health Plan
- ◆ Rating of All Health Care
- ◆ Rating of Personal Doctor
- ◆ Getting Needed Care
- ◆ Getting Care Quickly
- ◆ How Well Doctors Communicate
- ◆ Customer Service

DHCS and MCPs/PSPs should assess barriers to member access to interpreter services. DHCS and MCPs/PSPs should design interventions to address the barriers, targeting the groups that report the least positive experiences, to ensure that members who need an interpreter receive these services. DHCS and MCPs/PSPs may consider the following methods to identify barriers and determine how to best target interventions:

- ◆ Performing an analysis of regional-level and/or county-level sub-groups to determine whether there are specific areas and/or demographics within those areas that report less positive member experiences.

- ◆ Performing a key drivers analysis to identify factors that may be negatively affecting member experience.
- ◆ Conducting focus groups and interviews with members to determine what specific issues are causing them to rate their member experiences so low.

7. Survey Instruments

HSAG selected the following survey instruments: CAHPS 5.1H Adult Medicaid and Child Medicaid Health Plan Surveys. This section provides copies of the survey instruments.



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits 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 1-888-248-5294.

SURVEY INSTRUCTIONS

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



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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

1. Our records show that you are now in [HEALTH PLAN NAME]. Is that right?

- Yes → *Go to Question 3*
- No

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



YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?

- Yes
- No → *Go to Question 5*

4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care?

- Yes
- No → *Go to Question 7*

6. In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?

- Never
- Sometimes
- Usually
- Always

7. In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?

- None → *Go to Question 10*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

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

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

- Never
- Sometimes
- Usually
- Always

YOUR PERSONAL DOCTOR

10. A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No → *Go to Question 19*

11. In the last 6 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?

- None → Go to Question 18
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

13. In the last 6 months, how often did your personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

15. In the last 6 months, how often did your personal doctor spend enough time with you?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor?

- Yes
- No → Go to Question 18

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

- Never
- Sometimes
- Usually
- Always

18. 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 personal doctor?

-
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Best
- Personal Doctor Personal Doctor
- Possible Possible



GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do not include dental visits or care you got when you stayed overnight in a hospital.

19. 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 with a specialist?

- Yes
- No → *Go to Question 23*

20. In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

21. How many specialists have you talked to in the last 6 months?

- None → *Go to Question 23*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

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

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

YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

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

- Yes
- No → *Go to Question 26*

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

26. In the last 6 months, did your health plan give you any forms to fill out?

- Yes
- No → **Go to Question 28**

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

- Never
- Sometimes
- Usually
- Always

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

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

ABOUT YOU

29. In general, how would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

30. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very Good
- Good
- Fair
- Poor

31. Have you had either a flu shot or flu spray in the nose since July 1, 2020?

- Yes
- No
- Don't know

32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

- Every day
- Some days
- Not at all → **Go to Question 36**
- Don't know → **Go to Question 36**

33. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

- Never
- Sometimes
- Usually
- Always

34. In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

- Never
- Sometimes
- Usually
- Always



35. In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

- Never
- Sometimes
- Usually
- Always

36. What is your age?

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

37. Are you male or female?

- Male
- Female

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

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

39. Are you of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

40. What is your race? Mark one or more.

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

41. How would you like to get health information from your health plan about how to stay healthy? Select all that apply.

- Email
- Text
- Mobile application
- Website
- Social media (e.g., Facebook, Instagram, Twitter)

42. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter at your personal doctor's office?

- Yes
- No → *Go to Question 44*

43. In the last 6 months, during visits to your personal doctor's office, how often did you get an interpreter when you needed one? Do not include times when you used a family member or friend to be an interpreter for you.

- Never
- Sometimes
- Usually
- Always

44. Some health plans help with non-medical concerns, like housing, food, financial, and social isolation issues. In the last 6 months, did you talk with your personal doctor or someone from your health plan about getting help for any of these issues?

- Yes
- No

45. Your health plan can help you with transportation to doctors' offices or clinics. This help can be an arranged ride, a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, how often did the help with transportation meet your needs?

- Never
- Sometimes
- Usually
- Always
- I did not ask my health plan for help with transportation in the last 6 months

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

- Yes
- No → ***Thank you. Please return the completed survey in the postage-paid envelope.***

47. In the last 6 months, did you need help from anyone in your health plan to manage your care among these different providers and services?

- Yes
- No → ***Thank you. Please return the completed survey in the postage-paid envelope.***

48. In the last 6 months, did you get the help you needed from your health plan to manage your care among these different providers and services?

- Yes, definitely
- Yes, somewhat
- No

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child receives. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-5294.

SURVEY INSTRUCTIONS

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

Correct Mark 

Incorrect Marks   

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

- Yes → *Go to Question 1*
- No

↓ **START HERE** ↓

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

1. Our records show that your child is now in [HEALTH PLAN NAME]. Is that right?

- Yes → *Go to Question 3*
- No

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



11. In the last 6 months, how many times did your child have an in person, phone, or video visit with his or her personal doctor?

- None → **Go to Question 21**
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → **Go to Question 17**

16. 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?

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No

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

- Yes
- No → **Go to Question 21**

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

- Never
- Sometimes
- Usually
- Always

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

0 1 2 3 4 5 6 7 8 9 10

Worst Best

Personal Doctor Personal Doctor

Possible Possible

GETTING HEALTH CARE FROM SPECIALISTS

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

22. 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 with a specialist?

- Yes
- No → *Go to Question 26*

23. In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

- Never
- Sometimes
- Usually
- Always

24. How many specialists has your child talked to in the last 6 months?

- None → *Go to Question 26*
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

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

0 1 2 3 4 5 6 7 8 9 10

Worst Best

Specialist Specialist

Possible Possible

YOUR CHILD'S HEALTH PLAN

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

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

- Yes
- No → *Go to Question 29*

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

- Never
- Sometimes
- Usually
- Always



◆

39. Are you male or female?

- Male
- Female

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

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

41. How are you related to the child?

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

42. In the last 6 months, did your child's personal doctor or anyone from that office ask you about your child's mental or emotional health?

- Yes
- No

43. In the last 6 months, did your child get all the mental health care or counseling that he or she needed?

- Yes
- No
- My child did not need mental health care or counseling in the last 6 months

◆

44. An interpreter is someone who helps you talk with others who do not speak your language. In the last 6 months, did you need an interpreter at your child's personal doctor's office?

- Yes
- No → *Go to Question 46*

45. In the last 6 months, during visits to your child's personal doctor's office, how often did you get an interpreter when you needed one? Do not include times when you used a family member or friend to be an interpreter for you.

- Never
- Sometimes
- Usually
- Always

46. Some health plans help with non-medical concerns like housing, food, clothing, and childcare issues. In the last 6 months, did you talk with your child's personal doctor or health plan about getting help for any of these issues?

- Yes
- No → *Go to Question 48*

47. In the last 6 months, how often did you get help from your child's personal doctor or health plan for non-medical concerns when you needed it?

- Never
- Sometimes
- Usually
- Always

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

- Yes
- No → *Go to Question 51*

49. In the last 6 months, did you need help from anyone in your child's personal doctor's office or health plan to manage your child's care among these different providers and services?

- Yes
- No → *Go to Question 51*

50. In the last 6 months, did you get the help you needed from your child's personal doctor's office or health plan to manage your child's care among these different providers and services?

- Yes, definitely
- Yes, somewhat
- No

51. Your child's health plan can help with transportation to doctors' offices or clinics. This help can be an arranged ride, a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the last 6 months, how often did the help with transportation meet you and your child's needs?

- Never
- Sometimes
- Usually
- Always
- I did not ask my health plan for help with transportation in the last 6 months

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed prepaid envelope to mail the survey to:

DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108

Sampling Methodology

Sampling Assumptions

Following NCQA's specifications, HSAG used a systematic sampling method to select the adult and child Medicaid samples. HSAG selected the sample sizes based on the goal of achieving 411 complete and valid surveys at the MCP level. Based on historical CAHPS disposition information for the California Medicaid population, HSAG determined that oversampling of the general samples for the adult Medicaid and child Medicaid populations was required for all MCPs. HSAG selected all eligible adult and child members from PSPs; therefore, oversampling was not required.

Adult and Child Medicaid Managed Care Sampling

For the adult and child Medicaid managed care populations, HSAG conducted a systematic sample of Medicaid members for each of the 25 MCPs at the MCP level. HSAG submitted the results from the MCP sample to NCQA. In addition, HSAG selected a sample of all eligible Medicaid members for two PSPs. The following describes how this sampling approach was employed for the Medicaid managed care population.

General Sample

The first step of the sampling strategy was for HSAG to select a systematic sample of adult and child Medicaid members for each MCP and select all eligible adult and child Medicaid members for each PSP. The NCQA sampling methodology is designed to yield 411 completed surveys per MCP.^{A-1} The projected number of 411 completed surveys is designed by NCQA to yield at least 100 responses per survey question, which is the minimum reporting threshold required by NCQA. Based on the NCQA minimum required sample sizes for the CAHPS Medicaid Health Plan Survey, a minimum of 1,350 adult Medicaid members and 1,650 child Medicaid members was selected from each of the 25 participating MCPs at the MCP level. For the two PSPs, HSAG sampled the entire eligible population for each plan since there were fewer than 1,350 and 1,650 eligible adult and child members, respectively.

In the context of NCQA's recommended sample size for the CAHPS Adult Medicaid and Child Medicaid Health Plan Surveys, DHCS' surveying and reporting needs, and allotted funds

^{A-1} Based on the sample sizes, it would be expected that the PSPs would not have reached 411 completed surveys; therefore, caution should be taken when interpreting PSP level results.

available, Table A-1 and Table A-2 depict the sample sizes for the adult Medicaid and child Medicaid populations, respectively, for each MCP and PSP including any oversampling.

Table A-1—Adult Medicaid Managed Care Sample Sizes for Each MCP/PSP

MCP/PSP	General Sample Size	General Oversample Size	Total Sample Size
Aetna	1,350	1,958	3,308
AHF	327	0	327
AAH	1,350	824	2,174
Anthem Blue Cross	1,350	1,323	2,673
Blue Shield Promise	1,350	689	2,039
CHW	1,350	1,026	2,376
CalOptima	1,350	891	2,241
CalViva	1,350	675	2,025
CenCal	1,350	743	2,093
CCAH	1,350	837	2,187
CHG	1,350	702	2,052
CCHP	1,350	729	2,079
GCHP	1,350	891	2,241
Health Net	1,350	1,526	2,876
HPSJ	1,350	1,107	2,457
HPSM	1,350	500	1,850
IEHP	1,350	1,242	2,592
Kaiser NorCal	1,350	824	2,174
Kaiser SoCal	1,350	419	1,769
KHS	1,350	1,107	2,457
L.A. Care	1,350	959	2,309
Molina	1,350	715	2,065
Partnership	1,350	905	2,255
SFHP	1,350	824	2,174
SCFHP	1,350	635	1,985

MCP/PSP	General Sample Size	General Oversample Size	Total Sample Size
UHC	1,350	1,634	2,984
Total Sample	34,077	23,685	57,762

Table A-2—Child Medicaid Managed Care Sample Sizes for Each MCP/PSP

MCP/PSP	General Sample Size	General Oversample Size	Total Sample Size
Aetna	1,650	1,782	3,432
AAH	1,650	474	2,124
Anthem Blue Cross	1,650	744	2,394
Blue Shield Promise	1,650	1,288	2,938
CHW	1,650	1,272	2,922
CalOptima	1,650	315	1,965
CalViva	1,650	743	2,393
CenCal	1,650	116	1,766
CCAH	1,650	480	2,130
CHG	1,650	528	2,178
CCHP	1,650	331	1,981
GCHP	1,650	396	2,046
Health Net	1,650	1,040	2,690
HPSJ	1,650	743	2,393
HPSM	1,650	149	1,799
IEHP	1,650	1,569	3,219
Kaiser NorCal	1,650	562	2,212
Kaiser SoCal	1,650	335	1,985
KHS	1,650	1,024	2,674
L.A. Care	1,650	549	2,199
Molina	1,650	729	2,379
Partnership	1,650	875	2,525

MCP/PSP	General Sample Size	General Oversample Size	Total Sample Size
RCHSD	219	0	219
SFHP	1,650	332	1,982
SCFHP	1,650	413	2,063
UHC	1,650	512	2,162
Total Sample	41,469	17,301	58,770

Respondent Analysis

HSAG evaluated the following demographic characteristics as part of the respondent analysis: age, gender, race, and ethnicity. HSAG performed a *t* test to determine whether demographic characteristics of survey respondents were statistically significantly different from demographic characteristics of all members in the sample frame. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages within a particular demographic category that were statistically significantly higher or lower than the sample frame percentages are noted with black arrows in the tables.

State-Level Scores

The State weighted scores include sample respondents from the general sample and general oversample. HSAG calculated weighted 2019 and 2021 top-box scores for each global rating and composite measure for the adult and child populations.^{A-2} In addition, HSAG calculated overall 2021 scores for each Effectiveness of Care measure for the adult population. HSAG calculated scores in accordance with NCQA HEDIS Specifications for Survey Measures.

The scoring of the global ratings and composite measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, HSAG calculated the percentage of top-box responses in order to determine the top-box scores.

Responses of “Sometimes,” “Usually,” and “Always” were used to determine if the member qualified for inclusion in the numerator of the Effectiveness of Care measure scores. The scores presented follow NCQA’s methodology of calculating a rolling average using two years’

^{A-2} HSAG recalculated the 2019 state weighted top-box scores to exclude the reporting-unit level oversample. A reporting-unit level oversample was not conducted in 2021.

of results; however, HSAG did not have the prior year's (i.e., 2020) results available, so 2019 results were used along with the current year's (i.e., 2021) results. The 2021 results contain members who responded to the survey and indicated that they were current smokers or tobacco users in 2019 or 2021.

For additional detail, please refer to the *NCQA HEDIS Measurement Year 2020 Specifications for Survey Measures, Volume 3*.

HSAG used the sample frame files to determine the eligible population size for each MCP and PSP. HSAG calculated a general sample (including general oversample) probability and then calculated a weight for each general sample respondent using the formulas below.

$$GP_r = \frac{GSS_p}{EP_p}$$

$$w_{gsr} = \frac{1}{GP_r}$$

Where:

GP_r = probability for respondent r from the general sample
 GSS_p = general sample size for MCP/PSP p
 EP_p = eligible population size for MCP/PSP p
 w_{gsr} = weight for general sample respondent r

HSAG presents the NCQA national Medicaid 50th percentile and 90th percentile data for comparison purposes.

State Comparisons

HSAG calculated scores at the MCP level and PSP level for each measure for the adult and child populations.^{A-3} For comparison purposes, HSAG included vertical lines in the graphs indicating the 2020 NCQA adult and child Medicaid national 50th percentiles and 90th percentiles.^{A-4,A-5} HSAG did not display results for MCPs and PSPs with fewer than 100

^{A-3} HSAG did not weight the results presented in the Statewide Comparisons section.

^{A-4} National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2020*. Washington, DC: NCQA, September 2020.

^{A-5} NCQA national data for 2021 were not available at the time this report was prepared; therefore, 2020 NCQA national data are presented in this section. 2020 Quality Compass data reflects measurement year 2019 scores.

responses. The following describes the MCP-level and PSP-level analysis that HSAG conducted.

Global Rating Calculations

HSAG calculated top-box scores and their corresponding variances and 95 percent confidence intervals for each global rating. Response options of 8, 9, or 10 were assigned a score value of 1, and all other response options were assigned a score value of 0. Table A.3 illustrates how HSAG determined the top-box score values.

The top-box score was the sum of the score values (0 or 1) divided by the total number of responses to the global rating question.

$$\text{Top-Box (TB) Score} = \sum_{i=1}^n \frac{x_i}{n}$$

i = 1, ..., n members responding to question
x_i = score of member on question (either 0 or 1)

HSAG calculated an unbiased variance for each top-box score using a standard, unbiased variance formula where *x* was the score value (0 or 1).

$$\text{Top-Box Variance (TBV)} = \sum_{i=1}^n \frac{(x_i - u)^2}{n - 1}$$

i = 1, ..., n members responding to question
x_i = score of member on question (either 0 or 1)
u = average score of member on question

HSAG used the unbiased mean and variance to calculate a 95 percent confidence interval for each top-box score. HSAG used the following formula to calculate the 95 percent confidence interval for each top-box score:

$$\text{TB 95\% Confidence Interval} = (TB) \pm 1.96 \sqrt{\frac{TBV}{n}}$$

Composite Measure Calculations

HSAG calculated top-box scores and their corresponding variances and 95 percent confidence intervals for each composite measure. For the Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service composites, responses of “Usually” or “Always” were assigned a score value of 1, and all other response choices were assigned a score value of 0.

HSAG calculated the composite top-box score by first determining the average score (i.e., proportion responding with a score of 1 for each question). HSAG repeated this step for each of the questions in the composite. Finally, HSAG determined the average proportion responding with a score of 1 across all of the questions in the composite. This average was the composite top-box score. That is, each question contributed equally to the average regardless of the number of respondents for the question.

$$\text{Composite TB Score} = \frac{1}{m} \sum_{i=1}^m \left(\sum_{j=1}^{n_i} \frac{x_{ij}}{n_i} \right)$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 0 or 1)

HSAG calculated a variance for each composite measure. HSAG used the following formula to calculate the composite measure variance:

$$\text{Composite TBV} = \frac{N}{N-1} \sum_{i=1}^m \left(\sum_{j=1}^{n_i} \frac{1}{m} * \frac{x_{ij} - \bar{x}_i}{n_i} \right)^2$$

i = 1, ..., m questions in a composite
j = 1, ..., n_i members responding to question i
x_{ij} = score of member j on question i (either 0 or 1)

HSAG used the mean and variance to calculate a 95 percent confidence interval for each composite score. HSAG used the following formula to calculate the 95 percent confidence interval for each composite top-box score:

$$\text{Composite TB 95\% Confidence Interval} = (TB) \pm 1.96\sqrt{TBV}$$

Table A.3—Determining Global Rating and Composite Measure Score Values

Response Category	Score Values
Global Ratings	
0–7	0
8–10	1
Composite Measures	
Never	0
Sometimes	0
Usually	1
Always	1

Comparative Analysis

HSAG performed an analysis for the global ratings and composite measures that compared the 2021 CAHPS scores to the corresponding 2019 scores to determine whether there were statistically significant differences.^{A-6} HSAG performed the comparative analysis for MCPs' adult and child populations separately.^{A-7} HSAG performed a *t* test to determine whether results in 2021 were statistically significantly different from results in 2019. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than or equal to 0.05. The two-sided *p* value of the *t* test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. In the tables, scores that were statistically significantly higher or lower in 2021 than in 2019 are noted with black triangles.

^{A-6} A comparative analysis was not performed for the Effectiveness of Care measures since the scores for these measures are calculated using a rolling average.

^{A-7} HSAG performed a comparative analysis for MCPs only since 2021 is the first year that PSPs were included in the survey administration.

Appendix B: Respondent Analysis Results

Table B.1 through Table B.4 and Table B.5 through Table B.8 present the results of the respondent analysis for the adult and child populations, respectively.^{B-1} Please note that variables from the sample frames were used for this analysis.

Table B.1—Adult Respondent Analysis: Age

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP/PSP	Adult Respondents					Adult Sample Frame				
	18-34	35-44	45-54	55-64	65 or older	18-34	35-44	45-54	55-64	65 or older
AAH	28.4%↓	14.3%	15.7%	27.8%↑	13.8%↑	42.6%	16.9%	15.0%	17.3%	8.2%
AHF	4.2%	9.7%	15.3%↓	63.9%↑	6.9%	5.0%	10.3%	27.3%	50.4%	7.0%
Aetna	30.3%↓	15.3%↓	16.8%	32.1%↑	5.5%↑	51.5%	19.7%	14.2%	12.3%	2.3%
Anthem Blue Cross	27.2%↓	12.1%↓	15.7%	34.4%↑	10.5%↑	47.9%	18.8%	14.5%	14.3%	4.5%
Blue Shield Promise	18.4%↓	9.4%↓	17.4%	31.4%↑	23.4%↑	40.6%	16.9%	14.5%	17.7%	10.3%
CCAH	32.9%↓	20.0%	14.8%	28.0%↑	4.3%	53.0%	18.0%	13.7%	12.8%	2.6%
CCHP	28.4%↓	17.6%	18.4%	24.9%↑	10.8%↑	44.0%	19.0%	15.1%	15.4%	6.5%
CHG	22.3%↓	11.6%↓	18.8%	29.0%↑	18.3%↑	43.7%	15.9%	15.0%	17.0%	8.4%
CHW	22.4%↓	15.5%↓	21.8%↑	36.0%↑	4.3%	45.6%	20.5%	15.4%	16.6%	2.0%
CalOptima	27.3%↓	16.2%	14.2%	32.0%↑	10.3%↑	46.2%	14.9%	15.8%	16.8%	6.4%
CalViva	27.0%↓	19.5%	21.3%↑	27.3%↑	5.0%	49.0%	20.5%	14.8%	12.7%	3.0%
CenCal	30.4%↓	16.4%	16.4%	31.3%↑	5.5%↑	52.2%	17.0%	13.9%	14.3%	2.7%
GCHP	36.7%↓	12.2%↓	17.2%	30.6%↑	3.3%	50.7%	17.1%	14.7%	15.0%	2.5%
HPSJ	26.4%↓	14.3%↓	20.4%↑	32.8%↑	6.1%	48.9%	18.8%	14.3%	13.9%	4.0%

^{B-1} HSAG did not weight the demographic results for the adult and child member survey respondents.

MCP/PSP	Adult Respondents					Adult Sample Frame				
	18-34	35-44	45-54	55-64	65 or older	18-34	35-44	45-54	55-64	65 or older
HPSM	22.7%↓	10.5%↓	10.7%	23.7%↑	32.4%↑	41.9%	14.0%	12.8%	15.8%	15.5%
Health Net	22.6%↓	13.1%	18.9%	36.0%↑	9.4%↑	47.4%	16.8%	14.6%	15.6%	5.6%
IEHP	23.7%↓	13.2%↓	16.4%	29.8%↑	17.0%↑	49.1%	17.1%	13.8%	14.3%	5.7%
KHS	28.8%↓	14.4%↓	18.1%	33.4%↑	5.3%↑	52.1%	18.6%	14.0%	13.0%	2.3%
Kaiser NorCal	30.0%↓	16.6%	21.6%↑	27.5%↑	4.4%	51.0%	20.2%	14.4%	12.2%	2.2%
Kaiser SoCal	23.6%↓	14.2%↓	21.1%↑	39.3%↑	1.9%	48.1%	18.6%	16.2%	15.8%	1.4%
L.A. Care	25.9%↓	14.2%	17.2%	29.8%↑	12.9%↑	48.0%	16.0%	14.2%	16.1%	5.7%
Molina	24.8%↓	8.4%↓	23.8%↑	25.9%↑	17.1%↑	46.2%	17.2%	14.2%	15.1%	7.2%
Partnership	26.2%↓	14.6%↓	18.1%	35.2%↑	5.9%↑	46.3%	19.8%	15.0%	15.8%	3.1%
SCFHP	27.7%↓	9.4%↓	12.2%	30.2%↑	20.5%↑	40.2%	13.9%	14.4%	17.4%	14.2%
SFHP	21.2%↓	13.7%↓	20.9%	35.7%↑	8.5%	35.4%	17.8%	18.0%	22.5%	6.3%
UHC	34.7%↓	14.8%	14.0%	29.5%↑	7.0%↑	52.5%	18.2%	13.2%	13.1%	3.0%

Table B.2—Adult Respondent Analysis: Gender

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP/PSP	Adult Respondents		Adult Sample Frame	
	Male	Female	Male	Female
AAH	35.7%↓	64.3%↑	44.0%	56.0%
AHF	75.0%	25.0%	78.6%	21.4%
Aetna	46.0%	54.0%	50.8%	49.2%
Anthem Blue Cross	38.7%↓	61.3%↑	45.5%	54.5%
Blue Shield Promise	49.8%	50.2%	47.1%	52.9%
CCAH	42.2%	57.8%	42.9%	57.1%
CCHP	38.6%	61.4%	42.5%	57.5%

MCP/PSP	Adult Respondents		Adult Sample Frame	
	Male	Female	Male	Female
CHG	39.1%	60.9%	41.5%	58.5%
CHW	38.6%	61.4%	43.6%	56.4%
CalOptima	44.6%	55.4%	44.0%	56.0%
CalViva	30.9%↓	69.1%↑	41.4%	58.6%
CenCal	40.4%	59.6%	44.1%	55.9%
GCHP	38.3%↓	61.7%↑	43.7%	56.3%
HPSJ	35.0%↓	65.0%↑	41.3%	58.7%
HPSM	39.0%↓	61.0%↑	44.2%	55.8%
Health Net	40.7%	59.3%	44.7%	55.3%
IEHP	36.5%↓	63.5%↑	41.7%	58.3%
KHS	40.0%	60.0%	40.5%	59.5%
Kaiser NorCal	36.3%	63.8%	38.3%	61.7%
Kaiser SoCal	34.3%	65.7%	38.7%	61.3%
L.A. Care	39.5%	60.5%	43.9%	56.1%
Molina	40.9%	59.1%	45.1%	54.9%
Partnership	39.3%↓	60.7%↑	45.2%	54.8%
SCFHP	38.0%↓	62.0%↑	44.1%	55.9%
SFHP	45.1%	54.9%	49.1%	50.9%
UHC	39.9%↓	60.1%↑	48.3%	51.7%

Table B.3—Adult Respondent Analysis: Race

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤0.05.

MCP/PSP	Adult Respondents				Adult Sample Frame			
	White	Black	Asian	Other	White	Black	Asian	Other
AAH	12.1%	14.6%	30.6%	42.7%	11.1%	17.1%	27.6%	44.2%
AHF	29.2%	26.4%	0.0%↓	44.4%	26.4%	33.7%	0.9%	39.0%
Aetna	29.6%	8.4%	12.8%	49.3%	26.9%	10.2%	9.1%	53.7%
Anthem Blue Cross	25.6%	5.2%↓	16.1%	53.1%	26.9%	7.9%	12.6%	52.6%
Blue Shield Promise	25.8%	5.0%	12.0%	57.2%	26.7%	6.5%	8.4%	58.4%
CCAH	24.6%↑	2.5%	5.5%	67.4%↓	19.8%	2.8%	4.4%	73.0%
CCHP	20.8%	8.1%↓	14.6%	56.5%	18.2%	12.8%	12.4%	56.6%
CHG	20.0%	3.5%	16.2%↑	60.3%↓	17.4%	5.4%	11.1%	66.2%
CHW	45.9%	0.7%↓	3.0%	50.5%	44.7%	1.7%	4.1%	49.5%
CalOptima	19.5%	2.2%	24.5%	53.8%	20.4%	1.9%	22.8%	54.9%
CalViva	17.4%	6.0%	6.7%	69.9%	13.3%	5.1%	6.4%	75.2%
CenCal	51.4%	1.8%	2.7%	44.1%	50.4%	1.6%	2.6%	45.4%
GCHP	25.0%	1.4%	6.9%	66.7%	24.9%	1.7%	4.4%	69.0%
HPSJ	24.5%	4.8%↓	12.7%	58.0%	23.5%	7.7%	14.8%	53.9%
HPSM	16.3%	2.8%	29.1%↑	51.8%	16.7%	3.5%	23.4%	56.3%
Health Net	17.5%	5.4%↓	12.1%	65.0%	18.2%	10.2%	11.3%	60.3%
IEHP	29.5%↑	7.6%	8.5%↑	54.4%↓	21.3%	10.2%	5.3%	63.2%
KHS	26.3%↑	5.3%	5.9%	62.5%	21.2%	7.2%	4.9%	66.7%
Kaiser NorCal	33.4%↑	5.9%↓	19.1%↑	41.6%	27.3%	13.0%	13.6%	46.1%
Kaiser SoCal	30.5%	3.5%↓	6.9%	59.1%	27.1%	5.7%	7.2%	60.0%
L.A. Care	16.5%	9.1%↓	16.8%↑	57.6%	17.2%	13.0%	10.3%	59.5%

MCP/PSP	Adult Respondents				Adult Sample Frame			
	White	Black	Asian	Other	White	Black	Asian	Other
Molina	17.1%	7.0%	9.8%	66.1%	19.7%	8.3%	7.8%	64.2%
Partnership	47.7%	3.1%↓	4.4%	44.9%	44.9%	5.6%	6.2%	43.2%
SCFHP	15.2%	2.2%	39.1%	43.5%	13.4%	3.7%	35.1%	47.8%
SFHP	14.3%	7.7%	31.6%↓	46.4%↑	10.9%	9.4%	38.4%	41.2%
UHC	26.6%	6.3%	14.0%↑	53.1%	26.8%	5.9%	9.6%	57.8%

Table B.4—Adult Respondent Analysis: Ethnicity

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP/PSP	Adult Respondents		Adult Sample Frame	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
AAH	19.9%	80.1%	20.3%	79.7%
AHF	34.7%	65.3%	27.6%	72.4%
Aetna	15.7%	84.3%	19.9%	80.1%
Anthem Blue Cross	32.8%	67.2%	31.3%	68.7%
Blue Shield Promise	27.8%	72.2%	26.9%	73.1%
CCAH	55.4%↓	44.6%↑	62.6%	37.4%
CCHP	33.5%	66.5%	30.2%	69.8%
CHG	33.9%	66.1%	36.8%	63.2%
CHW	42.9%	57.1%	41.5%	58.5%
CalOptima	32.6%	67.4%	36.8%	63.2%
CalViva	55.7%	44.3%	55.0%	45.0%
CenCal	22.8%	77.2%	23.5%	76.5%
GCHP	41.4%↓	58.6%↑	46.6%	53.4%
HPSJ	47.8%	52.2%	44.6%	55.4%
HPSM	28.8%↓	71.2%↑	34.2%	65.8%
Health Net	55.9%↑	44.1%↓	49.3%	50.7%

MCP/PSP	Adult Respondents		Adult Sample Frame	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
IEHP	45.0%↓	55.0%↑	54.5%	45.5%
KHS	54.1%↓	45.9%↑	61.1%	38.9%
Kaiser NorCal	17.5%	82.5%	18.6%	81.4%
Kaiser SoCal	26.4%	73.6%	27.0%	73.0%
L.A. Care	50.2%	49.8%	52.1%	47.9%
Molina	37.1%	62.9%	40.1%	59.9%
Partnership	25.2%	74.8%	24.5%	75.5%
SCFHP	26.3%	73.7%	30.1%	69.9%
SFHP	18.4%↑	81.6%↓	14.1%	85.9%
UHC	22.1%	77.9%	22.8%	77.2%

Table B.5—Child Respondent Analysis: Age

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤0.05.

MCP/PSP	Child Respondents					Child Sample Frame				
	Less than 1	1-3	4-7	8-12	13-17	Less than 1	1-3	4-7	8-12	13-17
AAH	1.9%	19.9%	22.4%	26.8%	29.0%	2.1%	18.9%	24.4%	27.7%	26.8%
Aetna	5.9%	29.3%	18.3%↓	22.0%	24.5%	3.5%	28.2%	23.8%	22.9%	21.5%
Anthem Blue Cross	2.2%	15.9%	27.9%	23.2%	30.8%	2.4%	18.7%	24.2%	27.5%	27.1%
Blue Shield Promise	1.6%	21.2%	19.0%↓	27.1%	31.0%↑	2.7%	21.0%	25.1%	26.4%	24.8%
CCAH	4.1%	17.9%	21.8%	26.9%	29.2%	3.2%	19.2%	24.1%	27.6%	25.9%
CCHP	2.8%	20.2%	22.2%	22.2%↓	32.6%↑	2.5%	19.6%	24.4%	26.9%	26.6%
CHG	1.9%	13.7%	19.7%	28.6%	36.2%↑	2.1%	17.2%	23.7%	28.1%	28.9%
CHW	1.9%	20.3%	21.5%	26.0%	30.2%	2.3%	19.5%	24.4%	27.7%	26.0%

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MCP/PSP	Child Respondents					Child Sample Frame				
	Less than 1	1-3	4-7	8-12	13-17	Less than 1	1-3	4-7	8-12	13-17
CalOptima	3.3%	12.8%↓	21.2%	26.6%	36.1%↑	2.8%	17.9%	22.9%	27.6%	28.9%
CalViva	2.1%	19.7%	22.4%	28.5%	27.2%	2.7%	18.8%	24.7%	28.5%	25.4%
CenCal	3.9%	23.7%	21.0%	26.9%	24.4%	3.8%	20.7%	24.5%	26.1%	25.0%
GCHP	2.5%	21.2%	22.9%	27.8%	25.6%	3.0%	18.9%	23.5%	27.4%	27.2%
HPSJ	2.8%	21.5%	22.1%	24.3%	29.3%	2.8%	19.9%	24.8%	27.0%	25.5%
HPSM	3.4%	21.1%	24.0%	22.4%↓	29.0%	2.9%	19.2%	24.2%	26.9%	26.7%
Health Net	2.6%	11.1%↓	23.1%	25.1%	38.0%↑	1.7%	16.3%	23.8%	29.5%	28.7%
IEHP	1.9%	20.7%	15.1%↓	26.9%	35.5%↑	2.1%	19.0%	24.7%	27.5%	26.7%
KHS	2.2%	19.4%	25.3%	21.3%↓	31.8%↑	2.6%	19.5%	24.7%	27.8%	25.4%
Kaiser NorCal	3.9%	20.2%	16.0%↓	24.8%	35.1%↑	2.7%	21.1%	25.0%	25.8%	25.3%
Kaiser SoCal	3.5%	18.7%	22.2%	22.9%	32.7%↑	3.0%	20.6%	24.4%	25.0%	27.1%
L.A. Care	2.4%	14.3%	23.7%	28.6%	31.0%	2.1%	17.9%	23.9%	28.5%	27.7%
Molina	4.0%	16.5%	19.1%↓	28.1%	32.3%	2.0%	17.8%	24.1%	28.1%	28.0%
Partnership	2.4%	20.9%	21.7%	25.0%	29.9%	2.9%	19.6%	24.5%	27.1%	26.0%
RCHSD	0.0%	10.3%	10.3%↓	41.0%	38.5%	0.0%	5.3%	20.7%	45.4%	28.6%
SCFHP	2.9%	17.4%	23.0%	25.7%	30.9%	2.7%	18.5%	23.2%	27.4%	28.1%
SFHP	2.8%	19.9%	22.3%	25.5%	29.5%	2.7%	20.3%	24.7%	26.6%	25.7%
UHC	6.1%	31.1%	21.3%	17.1%	24.4%	5.0%	30.4%	23.7%	22.3%	18.6%

Table B.6—Child Respondent Analysis: Gender

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP/PSP	Child Respondents		Child Sample Frame	
	Male	Female	Male	Female
AAH	48.9%	51.1%	51.3%	48.7%
Aetna	51.3%	48.7%	51.8%	48.2%
Anthem Blue Cross	52.9%	47.1%	51.4%	48.6%
Blue Shield Promise	51.6%	48.4%	51.7%	48.3%
CCAH	50.5%	49.5%	51.0%	49.0%
CCHP	58.1%↑	41.9%↓	50.8%	49.2%
CHG	53.3%	46.7%	51.5%	48.5%
CHW	52.4%	47.6%	51.6%	48.4%
CalOptima	54.1%	45.9%	51.5%	48.5%
CalViva	48.0%	52.0%	51.0%	49.0%
CenCal	53.2%	46.8%	50.9%	49.1%
GCHP	53.2%	46.8%	51.1%	48.9%
HPSJ	53.9%	46.1%	51.1%	48.9%
HPSM	50.9%	49.1%	51.7%	48.3%
Health Net	52.9%	47.1%	51.3%	48.7%
IEHP	50.9%	49.1%	51.3%	48.7%
KHS	56.2%	43.8%	50.8%	49.2%
Kaiser NorCal	51.1%	48.9%	52.2%	47.8%
Kaiser SoCal	50.8%	49.2%	51.3%	48.7%
L.A. Care	56.8%	43.2%	51.4%	48.6%
Molina	51.8%	48.2%	51.5%	48.5%
Partnership	49.2%	50.8%	51.3%	48.7%
RCHSD	66.7%	33.3%	58.1%	41.9%
SCFHP	49.7%	50.3%	51.8%	48.2%

MCP/PSP	Child Respondents		Child Sample Frame	
	Male	Female	Male	Female
SFHP	53.7%	46.3%	51.3%	48.7%
UHC	57.9%	42.1%	53.0%	47.0%

Table B.7—Child Respondent Analysis: Race

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤0.05.

MCP/PSP	Child Respondents				Child Sample Frame			
	White	Black	Asian	Other	White	Black	Asian	Other
AAH	3.8%	9.3%↓	19.9%↑	66.9%↑	5.5%	19.2%	14.7%	60.7%
Aetna	17.2%	5.5%↓	8.4%	68.9%	16.4%	12.3%	5.9%	65.3%
Anthem Blue Cross	13.0%↓	2.5%↓	8.7%	75.7%↑	18.1%	8.8%	6.4%	66.7%
Blue Shield Promise	10.8%↓	5.2%	6.9%	77.1%	15.8%	6.8%	4.4%	72.9%
CCAH	9.0%	0.8%↓	0.5%↓	89.7%	8.7%	1.7%	1.6%	87.9%
CCHP	9.0%	4.5%↓	8.1%	78.4%↑	11.1%	15.1%	5.9%	67.8%
CHG	8.3%	4.1%	7.3%	80.3%	10.6%	5.8%	4.6%	79.0%
CHW	25.4%	1.0%	5.8%↑	67.8%	29.1%	1.3%	2.6%	66.9%
CalOptima	13.0%	1.1%	14.7%↑	71.2%	12.4%	1.9%	11.0%	74.7%
CalViva	6.4%	2.1%↓	4.3%	87.2%↑	8.6%	5.8%	3.4%	82.2%
CenCal	58.0%	0.2%↓	1.8%	40.0%	56.1%	1.0%	0.9%	42.0%
GCHP	14.5%	1.7%	1.7%	82.0%	17.0%	1.3%	1.6%	80.0%
HPSJ	9.1%↓	4.1%↓	10.4%	76.3%	12.8%	6.5%	7.6%	73.1%
HPSM	5.5%	0.8%↓	10.0%	83.6%↑	7.3%	2.3%	10.5%	79.8%
Health Net	5.3%↓	1.8%↓	10.5%↑	82.5%↑	9.1%	8.5%	5.1%	77.3%
IEHP	14.2%	4.3%↓	6.8%↑	74.7%	11.3%	8.7%	2.3%	77.6%
KHS	7.7%↓	4.0%↓	2.8%	85.5%↑	12.5%	6.4%	1.9%	79.2%

MCP/PSP	Child Respondents				Child Sample Frame			
	White	Black	Asian	Other	White	Black	Asian	Other
Kaiser NorCal	22.3%	9.2%↓	13.5%↑	55.0%↑	22.9%	19.8%	8.9%	48.5%
Kaiser SoCal	25.4%	6.0%	7.9%	60.6%	21.7%	8.1%	5.0%	65.2%
L.A. Care	7.0%	3.5%↓	9.4%↑	80.1%	7.9%	10.5%	4.7%	76.8%
Molina	9.6%	3.0%↓	7.3%↑	80.2%	11.7%	8.3%	4.2%	75.9%
Partnership	24.2%↓	4.6%	5.2%	66.0%↑	30.5%	6.2%	3.5%	59.8%
RCHSD	10.3%	17.9%	2.6%	69.2%	12.3%	18.1%	1.3%	68.3%
SCFHP	4.3%↓	1.3%↓	21.5%↑	72.9%	6.8%	3.3%	17.2%	72.7%
SFHP	1.5%↓	3.1%↓	30.1%	65.3%↑	3.3%	9.5%	28.2%	59.0%
UHC	14.0%	3.7%↓	11.0%	71.3%	17.6%	9.1%	6.5%	66.7%

Table B.8—Child Respondent Analysis: Ethnicity

↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.

↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.

Comparisons are based on the *t* test of statistical significance, with a *p* value of ≤ 0.05 .

MCP/PSP	Child Respondents		Child Sample Frame	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
AAH	54.4%↑	45.6%↓	42.2%	57.8%
Aetna	44.7%↑	55.3%↓	37.2%	62.8%
Anthem Blue Cross	60.5%↑	39.5%↓	48.1%	51.9%
Blue Shield Promise	58.2%↑	41.8%↓	52.1%	47.9%
CCAH	80.8%↑	19.2%↓	76.6%	23.4%
CCHP	58.1%↑	41.9%↓	44.7%	55.3%
CHG	67.3%↑	32.7%↓	60.5%	39.5%
CHW	56.3%	43.7%	52.7%	47.3%
CalOptima	60.6%	39.4%	62.7%	37.3%
CalViva	76.5%↑	23.5%↓	68.5%	31.5%
CenCal	30.4%	69.6%	30.3%	69.7%

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MCP/PSP	Child Respondents		Child Sample Frame	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
GCHP	71.4%	28.6%	67.4%	32.6%
HPSJ	60.9%↑	39.1%↓	53.3%	46.7%
HPSM	60.9%	39.1%	60.1%	39.9%
Health Net	73.1%↑	26.9%↓	67.6%	32.4%
IEHP	59.6%	40.4%	60.3%	39.7%
KHS	73.8%↑	26.2%↓	65.4%	34.6%
Kaiser NorCal	29.1%	70.9%	24.1%	75.9%
Kaiser SoCal	43.2%	56.8%	43.5%	56.5%
L.A. Care	73.5%	26.5%	71.0%	29.0%
Molina	59.4%	40.6%	55.6%	44.4%
Partnership	44.8%↑	55.2%↓	38.4%	61.6%
RCHSD	48.7%	51.3%	41.4%	58.6%
SCFHP	63.5%	36.5%	61.5%	38.5%
SFHP	46.9%↑	53.1%↓	36.0%	64.0%
UHC	47.6%	52.4%	39.9%	60.1%

HSAG identified statistically significant results for age, gender, race, and ethnicity for the adult population. Table B.9 shows the number of plans within each demographic category that had a statistically significantly higher or lower respondent percentage compared to the sample frame percentage.

Table B.9—Adult Respondent Analysis: Summary of Results

Please note, for Gender and Ethnicity, if the respondent percentage is significantly higher for one demographic category, then the respondent percentage for the other demographic category has to be significantly lower.

	Number of Plans	
	Significantly Higher Respondent Percentage	Significantly Lower Respondent Percentage
Age		
18-34	—	25
35-44	—	15
45-54	6	1
55-64	26	—
65 or older	17	—
Gender		
Male	—	10
Female	10	—
Race		
White	4	—
Black	—	9
Asian	6	2
Other	1	3
Ethnicity		
Hispanic	2	5
Non-Hispanic	5	2

HSAG identified statistically significant results for age, gender, race, and ethnicity for the child population. Table B.10 shows the number of plans within each demographic category that had a statistically significantly higher or lower respondent percentage compared to the sample frame percentage.

Table B.10—Child Respondent Analysis: Summary of Results

Please note, for Gender and Ethnicity, if the respondent percentage is significantly higher for one demographic category, then the respondent percentage for the other demographic category has to be significantly lower.

	Number of Plans	
	Significantly Higher Respondent Percentage	Significantly Lower Respondent Percentage
Age		
Less than 1	—	—
1-3	—	2
4-7	—	6
8-12	—	3
13-17	9	—
Gender		
Male	1	—
Female	—	1
Race		
White	—	8
Black	—	18
Asian	9	1
Other	10	—
Ethnicity		
Hispanic	13	—
Non-Hispanic	—	13

Appendix C: Supplemental Items Results

Table C.1 through Table C.17 show the number (n) and percentage of responses (%) for each supplemental item, and data are presented for each MCP and PSP. HSAG did not perform any statistical testing on these results.

Adult Results

Receive Information About Staying Healthy

Members were asked how they would like to receive health information from their health plan about how to stay healthy (Question 41). Table C.1 shows the results for this question.

Table C.1—Receive Information About Staying Healthy

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the Health Insurance Portability and Accountability Act (HIPAA) of 1996 Privacy Rule’s de-identification standard.

MCP/PSP	Email		Text		Mobile Application		Website		Social Media	
	n	%	n	%	n	%	n	%	n	%
AAH	187	59.4%	138	43.8%	67	21.3%	90	28.6%	26	8.3%
AHF	36	56.3%	40	62.5%	16	25.0%	16	25.0%	S	S
Aetna	157	67.4%	100	42.9%	41	17.6%	56	24.0%	13	5.6%
Anthem Blue Cross	159	60.0%	105	39.6%	54	20.4%	66	24.9%	17	6.4%
Blue Shield Promise	165	62.7%	118	44.9%	49	18.6%	59	22.4%	20	7.6%
CCAH	154	54.6%	133	47.2%	56	19.9%	69	24.5%	24	8.5%
CCHP	201	58.6%	157	45.8%	73	21.3%	88	25.7%	21	6.1%
CHG	170	57.4%	145	49.0%	39	13.2%	64	21.6%	22	7.4%
CHW	139	57.2%	98	40.3%	40	16.5%	65	26.7%	23	9.5%
CalOptima	203	63.6%	126	39.5%	54	16.9%	83	26.0%	28	8.8%
CalViva	106	46.9%	119	52.7%	40	17.7%	38	16.8%	19	8.4%
CenCal	180	64.7%	113	40.6%	38	13.7%	62	22.3%	20	7.2%
GCHP	198	61.5%	151	46.9%	48	14.9%	67	20.8%	22	6.8%
HPSJ	157	57.1%	144	52.4%	39	14.2%	52	18.9%	17	6.2%

MCP/PSP	Email		Text		Mobile Application		Website		Social Media	
	n	%	n	%	n	%	n	%	n	%
HPSM	200	61.5%	139	42.8%	72	22.2%	72	22.2%	23	7.1%
Health Net	147	59.5%	132	53.4%	41	16.6%	41	16.6%	17	6.9%
IEHP	157	53.8%	144	49.3%	56	19.2%	55	18.8%	18	6.2%
KHS	141	51.8%	144	52.9%	40	14.7%	57	21.0%	22	8.1%
Kaiser NorCal	230	76.2%	118	39.1%	55	18.2%	74	24.5%	S	S
Kaiser SoCal	212	71.9%	117	39.7%	51	17.3%	80	27.1%	16	5.4%
L.A. Care	164	60.7%	118	43.7%	33	12.2%	54	20.0%	18	6.7%
Molina	143	58.1%	122	49.6%	33	13.4%	34	13.8%	S	S
Partnership	185	67.3%	97	35.3%	33	12.0%	75	27.3%	13	4.7%
SCFHP	219	66.2%	125	37.8%	61	18.4%	98	29.6%	28	8.5%
SFHP	196	60.9%	137	42.5%	73	22.7%	100	31.1%	29	9.0%
UHC	169	66.0%	85	33.2%	41	16.0%	80	31.3%	23	9.0%

Needed Interpreter

Members were asked if they needed an interpreter at their personal doctor's office (Question 42). Table C.2 shows the results for this question.

Table C.2—Needed Interpreter

An "S" indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule's de-identification standard.

MCP/PSP	Yes		No	
	n	%	n	%
AAH	63	18.3%	281	81.7%
AHF	S	S	S	S
Aetna	21	8.0%	243	92.0%
Anthem Blue Cross	41	14.0%	251	86.0%
Blue Shield Promise	32	10.9%	261	89.1%
CAAH	49	15.6%	265	84.4%
CCHP	64	17.7%	298	82.3%

MCP/PSP	Yes		No	
	n	%	n	%
CHG	53	15.8%	282	84.2%
CHW	38	12.9%	257	87.1%
CalOptima	38	11.0%	308	89.0%
CalViva	61	22.7%	208	77.3%
CenCal	34	10.7%	283	89.3%
GCHP	44	12.6%	305	87.4%
HPSJ	67	21.9%	239	78.1%
HPSM	70	18.4%	311	81.6%
Health Net	43	14.9%	245	85.1%
IEHP	50	15.0%	284	85.0%
KHS	57	18.3%	254	81.7%
Kaiser NorCal	37	11.8%	277	88.2%
Kaiser SoCal	23	7.4%	288	92.6%
L.A. Care	51	16.8%	252	83.2%
Molina	53	19.1%	225	80.9%
Partnership	25	8.0%	288	92.0%
SCFHP	59	16.7%	294	83.3%
SFHP	42	12.0%	309	88.0%
UHC	18	6.8%	246	93.2%

Got Interpreter

Members were asked how often they got an interpreter when they needed one during visits to their personal doctor's office (Question 43). Table C.3 shows the results for this question.

Table C.3—Got Interpreter

Please note: Results presented in this table are based on respondents who answered "Yes" to Question 42, that they needed an interpreter.

An "S" indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule's de-identification standard.

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
AAH	13	21.0%	S	S	S	S	28	45.2%
AHF	S	S	S	S	S	S	S	S
Aetna	S	S	S	S	S	S	S	S
Anthem Blue Cross	S	S	S	S	S	S	19	46.3%
Blue Shield Promise	S	S	S	S	S	S	13	41.9%
CCAH	S	S	11	23.9%	S	S	23	50.0%
CCHP	S	S	14	23.3%	S	S	30	50.0%
CHG	S	S	11	22.4%	S	S	26	53.1%
CHW	S	S	S	S	S	S	21	56.8%
CalOptima	S	S	S	S	13	35.1%	14	37.8%
CalViva	S	S	S	S	14	23.7%	29	49.2%
CenCal	S	S	S	S	S	S	18	54.5%
GCHP	S	S	S	S	S	S	23	54.8%
HPSJ	S	S	14	21.5%	S	S	35	53.8%
HPSM	12	17.9%	18	26.9%	13	19.4%	24	35.8%
Health Net	S	S	12	31.6%	S	S	14	36.8%
IEHP	S	S	S	S	S	S	19	43.2%
KHS	S	S	17	31.5%	S	S	21	38.9%
Kaiser NorCal	S	S	S	S	S	S	18	54.5%
Kaiser SoCal	S	S	S	S	S	S	S	S

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
L.A. Care	S	S	12	25.0%	S	S	22	45.8%
Molina	S	S	S	S	11	21.6%	24	47.1%
Partnership	S	S	S	S	S	S	11	45.8%
SCFHP	S	S	18	30.5%	S	S	23	39.0%
SFHP	S	S	16	39.0%	S	S	S	S
UHC	S	S	S	S	S	S	S	S

Talked About Getting Help with Non-Medical Issues

Members were asked if they talked with their personal doctor or someone from their health plan about getting help for any non-medical issues (Question 44). Table C.4 shows the results for this question.

Table C.4—Talked About Getting Help with Non-Medical Issues

MCP/PSP	Yes		No	
	n	%	n	%
AAH	43	12.5%	302	87.5%
AHF	14	20.0%	56	80.0%
Aetna	22	8.3%	242	91.7%
Anthem Blue Cross	19	6.4%	279	93.6%
Blue Shield Promise	30	10.2%	263	89.8%
CCAH	28	8.9%	288	91.1%
CCHP	48	13.3%	313	86.7%
CHG	28	8.3%	310	91.7%
CHW	22	7.4%	277	92.6%
CalOptima	20	5.7%	329	94.3%
CalViva	23	8.4%	252	91.6%
CenCal	22	6.9%	297	93.1%
GCHP	27	7.7%	324	92.3%
HPSJ	15	4.9%	293	95.1%
HPSM	53	13.8%	331	86.2%

MCP/PSP	Yes		No	
	n	%	n	%
Health Net	24	8.2%	268	91.8%
IEHP	27	8.1%	308	91.9%
KHS	21	6.7%	292	93.3%
Kaiser NorCal	23	7.2%	295	92.8%
Kaiser SoCal	18	5.7%	297	94.3%
L.A. Care	21	7.0%	281	93.0%
Molina	22	8.0%	252	92.0%
Partnership	22	7.1%	290	92.9%
SCFHP	31	8.8%	322	91.2%
SFHP	35	9.9%	317	90.1%
UHC	15	5.7%	249	94.3%

Transportation Help

Members were asked how often help with transportation from their health plan met their needs (Question 45). Table C.5 shows the results for this question.

Table C.5—Transportation Help

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule’s de-identification standard.

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
AAH	136	84.5%	11	6.8%	S	S	S	S
AHF	18	42.9%	S	S	S	S	12	28.6%
Aetna	108	80.0%	S	S	S	S	S	S
Anthem Blue Cross	121	84.0%	S	S	S	S	S	S
Blue Shield Promise	112	76.2%	S	S	S	S	19	12.9%
CAAH	133	88.7%	S	S	S	S	S	S
CCHP	155	91.2%	S	S	S	S	S	S
CHG	142	89.3%	S	S	S	S	S	S

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
CHW	120	84.5%	S	S	S	S	S	S
CalOptima	158	88.3%	S	S	S	S	S	S
CalViva	121	82.3%	11	7.5%	S	S	S	S
CenCal	132	89.2%	S	S	S	S	S	S
GCHP	154	91.1%	S	S	S	S	S	S
HPSJ	134	89.9%	S	S	S	S	S	S
HPSM	151	74.4%	S	S	S	S	30	14.8%
Health Net	125	88.7%	S	S	S	S	S	S
IEHP	132	79.0%	S	S	S	S	17	10.2%
KHS	128	81.5%	S	S	S	S	15	9.6%
Kaiser NorCal	S	S	S	S	S	S	S	S
Kaiser SoCal	S	S	S	S	S	S	S	S
L.A. Care	119	82.1%	S	S	S	S	15	10.3%
Molina	119	85.0%	S	S	S	S	S	S
Partnership	S	S	S	S	S	S	S	S
SCFHP	149	87.1%	S	S	S	S	S	S
SFHP	143	82.7%	S	S	S	S	11	6.4%
UHC	S	S	S	S	S	S	S	S

Received Care from Multiple Providers or Used Multiple Health Care Services

Members were asked if they got care from more than one kind of health care provider or used more than one kind of health care service (Question 46). Table C.6 shows the results for this question.

Table C.6—Received Care from Multiple Providers or Used Multiple Health Care Services

MCP/PSP	Yes		No	
	n	%	n	%
AAH	68	19.7%	277	80.3%
AHF	22	32.8%	45	67.2%
Aetna	59	22.4%	204	77.6%
Anthem Blue Cross	48	16.3%	247	83.7%
Blue Shield Promise	66	22.4%	229	77.6%
CCAH	57	18.1%	258	81.9%
CCHP	64	17.9%	294	82.1%
CHG	73	22.0%	259	78.0%
CHW	68	22.7%	232	77.3%
CalOptima	72	20.4%	281	79.6%
CalViva	49	18.1%	221	81.9%
CenCal	81	25.2%	240	74.8%
GCHP	66	18.8%	286	81.3%
HPSJ	53	17.4%	252	82.6%
HPSM	82	21.7%	296	78.3%
Health Net	50	17.4%	238	82.6%
IEHP	63	19.0%	269	81.0%
KHS	60	19.3%	251	80.7%
Kaiser NorCal	45	14.3%	269	85.7%
Kaiser SoCal	47	15.0%	267	85.0%
L.A. Care	54	18.1%	245	81.9%
Molina	54	19.8%	219	80.2%
Partnership	68	21.9%	242	78.1%

MCP/PSP	Yes		No	
	n	%	n	%
SCFHP	65	18.5%	286	81.5%
SFHP	54	15.6%	292	84.4%
UHC	49	18.5%	216	81.5%

Needed Help Managing Care Among Different Providers and Services

Members were asked if they needed help from anyone in their health plan to manage their care among the different providers and services (Question 47). Table C.7 shows the results for this question.

Table C.7—Needed Help Managing Care Among Different Providers and Services

Please note: Results presented in this table are based on respondents who answered “Yes” to Question 46, that they got care from more than one kind of provider or used more than one service.

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule’s de-identification standard.

MCP/PSP	Yes		No	
	n	%	n	%
AAH	25	38.5%	40	61.5%
AHF	S	S	S	S
Aetna	17	29.3%	41	70.7%
Anthem Blue Cross	15	31.9%	32	68.1%
Blue Shield Promise	24	36.4%	42	63.6%
CCAH	18	32.7%	37	67.3%
CCHP	21	33.9%	41	66.1%
CHG	26	37.7%	43	62.3%
CHW	18	27.3%	48	72.7%
CalOptima	33	45.8%	39	54.2%
CalViva	16	34.0%	31	66.0%
CenCal	24	31.2%	53	68.8%
GCHP	29	44.6%	36	55.4%
HPSJ	14	27.5%	37	72.5%

MCP/PSP	Yes		No	
	n	%	n	%
HPSM	31	39.2%	48	60.8%
Health Net	26	52.0%	24	48.0%
IEHP	20	32.8%	41	67.2%
KHS	20	33.3%	40	66.7%
Kaiser NorCal	12	27.9%	31	72.1%
Kaiser SoCal	13	27.7%	34	72.3%
L.A. Care	15	29.4%	36	70.6%
Molina	13	24.5%	40	75.5%
Partnership	22	32.8%	45	67.2%
SCFHP	23	36.5%	40	63.5%
SFHP	20	37.0%	34	63.0%
UHC	17	34.7%	32	65.3%

Got Help Managing Care Among Different Providers and Services

Members were asked if they got the help that they needed from their health plan to manage their care among the different providers and services (Question 48). Table C.8 shows the results for this question.

Table C.8—Got Help Managing Care Among Different Providers and Services

Please note: Results presented in this table are based on respondents who answered “Yes” to Question 47, that they needed help managing care among different providers and services.

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule’s de-identification standard.

MCP/PSP	Yes, definitely		Yes, somewhat		No	
	n	%	n	%	n	%
AAH	S	S	S	S	S	S
AHF	S	S	S	S	S	S
Aetna	S	S	S	S	S	S
Anthem Blue Cross	S	S	S	S	S	S
Blue Shield Promise	S	S	S	S	S	S
CCAH	S	S	S	S	S	S

APPENDIX C: SUPPLEMENTAL ITEMS RESULTS

MCP/PSP	Yes, definitely		Yes, somewhat		No	
	n	%	n	%	n	%
CCHP	S	S	S	S	S	S
CHG	S	S	S	S	S	S
CHW	S	S	S	S	S	S
CalOptima	15	46.9%	S	S	S	S
CalViva	S	S	S	S	S	S
CenCal	S	S	S	S	S	S
GCHP	16	55.2%	S	S	S	S
HPSJ	S	S	S	S	S	S
HPSM	18	60.0%	S	S	S	S
Health Net	S	S	S	S	S	S
IEHP	S	S	S	S	S	S
KHS	S	S	S	S	S	S
Kaiser NorCal	S	S	S	S	S	S
Kaiser SoCal	S	S	S	S	S	S
L.A. Care	S	S	S	S	S	S
Molina	S	S	S	S	S	S
Partnership	11	50.0%	S	S	S	S
SCFHP	S	S	S	S	S	S
SFHP	S	S	S	S	S	S
UHC	S	S	S	S	S	S

Child Results^{C-1}**Asked About Child's Mental or Emotional Health**

Parents or caretakers of child members were asked if their child's personal doctor or anyone from the office asked them about their child's mental or emotional health (Question 42). Table C.9 shows the results for this question.

Table C.9—Asked About Child's Mental or Emotional Health

MCP/PSP	Yes		No	
	n	%	n	%
AAH	107	30.5%	244	69.5%
Aetna	76	29.1%	185	70.9%
Anthem Blue Cross	74	27.7%	193	72.3%
Blue Shield Promise	91	30.7%	205	69.3%
CCAH	125	32.8%	256	67.2%
CCHP	105	30.6%	238	69.4%
CHG	108	35.5%	196	64.5%
CHW	88	29.0%	215	71.0%
CalOptima	100	27.8%	260	72.2%
CalViva	97	26.7%	266	73.3%
CenCal	134	31.6%	290	68.4%
GCHP	116	29.5%	277	70.5%
HPSJ	67	21.7%	242	78.3%
HPSM	139	37.8%	229	62.2%
Health Net	79	23.7%	254	76.3%
IEHP	87	27.8%	226	72.2%
KHS	73	23.2%	242	76.8%
Kaiser NorCal	97	35.7%	175	64.3%

^{C-1} HSAG did not present results for Question 50, which asked parents or caretakers of child members if they got the help that they needed from their child's personal doctor's office or health plan to manage their child's care among the different providers and services, because HSAG had to suppress the results for all MCPs and PSPs for this question (i.e., numerator contained fewer than 11 responses).

MCP/PSP	Yes		No	
	n	%	n	%
Kaiser SoCal	91	29.4%	218	70.6%
L.A. Care	82	29.2%	199	70.8%
Molina	81	27.8%	210	72.2%
Partnership	120	33.6%	237	66.4%
RCHSD	19	51.4%	18	48.6%
SCFHP	110	25.1%	328	74.9%
SFHP	158	36.1%	280	63.9%
UHC	57	35.6%	103	64.4%

Child Got Needed Mental Health Care or Counseling

Parents or caretakers of child members were asked if their child got all the mental health care or counseling that they needed (Question 43). Table C.10 shows the results for this question.

Table C.10—Child Got Needed Mental Health Care or Counseling

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule’s de-identification standard.

MCP/PSP	Yes		No	
	n	%	n	%
AAH	63	41.2%	90	58.8%
Aetna	50	46.7%	57	53.3%
Anthem Blue Cross	54	43.2%	71	56.8%
Blue Shield Promise	50	38.8%	79	61.2%
CCAH	62	46.6%	71	53.4%
CCHP	62	44.6%	77	55.4%
CHG	53	43.8%	68	56.2%
CHW	49	43.0%	65	57.0%
CalOptima	48	35.0%	89	65.0%
CalViva	67	40.6%	98	59.4%
CenCal	82	47.4%	91	52.6%
GCHP	69	49.6%	70	50.4%

MCP/PSP	Yes		No	
	n	%	n	%
HPSJ	39	36.8%	67	63.2%
HPSM	78	49.7%	79	50.3%
Health Net	52	37.4%	87	62.6%
IEHP	59	48.0%	64	52.0%
KHS	46	46.9%	52	53.1%
Kaiser NorCal	50	52.1%	46	47.9%
Kaiser SoCal	37	35.2%	68	64.8%
L.A. Care	34	37.8%	56	62.2%
Molina	47	44.8%	58	55.2%
Partnership	76	51.4%	72	48.6%
RCHSD	S	S	S	S
SCFHP	56	33.9%	109	66.1%
SFHP	77	35.2%	142	64.8%
UHC	23	38.3%	37	61.7%

Needed Interpreter

Parents or caretakers of child members were asked if they needed an interpreter at their child's personal doctor's office (Question 44). Table C.11 shows the results for this question.

Table C.11—Needed Interpreter

MCP/PSP	Yes		No	
	n	%	n	%
AAH	65	18.5%	287	81.5%
Aetna	52	19.8%	210	80.2%
Anthem Blue Cross	58	21.8%	208	78.2%
Blue Shield Promise	47	15.8%	250	84.2%
CCAH	90	23.6%	291	76.4%
CCHP	82	24.1%	258	75.9%
CHG	52	17.0%	254	83.0%
CHW	51	16.7%	255	83.3%

MCP/PSP	Yes		No	
	n	%	n	%
CalOptima	60	16.7%	300	83.3%
CalViva	112	31.2%	247	68.8%
CenCal	96	22.6%	328	77.4%
GCHP	90	23.0%	301	77.0%
HPSJ	69	22.3%	240	77.7%
HPSM	96	26.4%	268	73.6%
Health Net	66	19.9%	266	80.1%
IEHP	47	15.0%	266	85.0%
KHS	83	26.4%	231	73.6%
Kaiser NorCal	22	8.0%	252	92.0%
Kaiser SoCal	22	7.2%	284	92.8%
L.A. Care	51	18.4%	226	81.6%
Molina	65	22.0%	230	78.0%
Partnership	51	14.3%	306	85.7%
RCHSD	14	37.8%	23	62.2%
SCFHP	86	19.9%	347	80.1%
SFHP	115	26.3%	322	73.7%
UHC	20	12.3%	142	87.7%

Got Interpreter

Parents or caretakers of child members were asked how often they got an interpreter when they needed one during visits to their child’s personal doctor’s office (Question 45). Table C.12 shows the results for this question.

Table C.12—Got Interpreter

Please note: Results presented in this table are based on respondents who answered “Yes” to Question 44, that they needed an interpreter.

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule’s de-identification standard.

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
AAH	S	S	S	S	15	23.4%	38	59.4%
Aetna	S	S	S	S	13	27.1%	24	50.0%
Anthem Blue Cross	S	S	S	S	S	S	30	55.6%
Blue Shield Promise	S	S	S	S	14	30.4%	19	41.3%
CCAH	S	S	13	16.0%	S	S	53	65.4%
CCHP	S	S	S	S	12	15.2%	48	60.8%
CHG	S	S	S	S	S	S	26	52.0%
CHW	S	S	S	S	S	S	33	64.7%
CalOptima	S	S	13	21.7%	S	S	34	56.7%
CalViva	13	12.0%	13	12.0%	19	17.6%	63	58.3%
CenCal	S	S	18	19.4%	S	S	55	59.1%
GCHP	S	S	25	28.7%	S	S	39	44.8%
HPSJ	S	S	S	S	17	25.0%	35	51.5%
HPSM	S	S	S	S	16	17.4%	56	60.9%
Health Net	S	S	14	21.5%	S	S	36	55.4%
IEHP	S	S	S	S	S	S	30	68.2%
KHS	S	S	15	18.5%	S	S	46	56.8%
Kaiser NorCal	S	S	S	S	S	S	S	S
Kaiser SoCal	S	S	S	S	S	S	S	S
L.A. Care	S	S	S	S	S	S	33	66.0%

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
Molina	S	S	S	S	14	22.6%	30	48.4%
Partnership	S	S	S	S	S	S	29	58.0%
RCHSD	S	S	S	S	S	S	S	S
SCFHP	S	S	21	25.0%	S	S	46	54.8%
SFHP	S	S	S	S	27	24.1%	57	50.9%
UHC	S	S	S	S	S	S	S	S

Talked About Getting Help with Non-Medical Issues

Parents or caretakers of child members were asked if they talked with their child's personal doctor or health plan about getting help for any non-medical issues (Question 46). Table C.13 shows the results for this question.

Table C.13—Talked About Getting Help with Non-Medical Issues

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule's de-identification standard.

MCP/PSP	Yes		No	
	n	%	n	%
AAH	35	10.0%	315	90.0%
Aetna	12	4.7%	246	95.3%
Anthem Blue Cross	15	5.7%	250	94.3%
Blue Shield Promise	14	4.8%	279	95.2%
CAAH	21	5.6%	357	94.4%
CCHP	16	4.7%	327	95.3%
CHG	13	4.2%	295	95.8%
CHW	S	S	S	S
CalOptima	12	3.4%	344	96.6%
CalViva	14	3.9%	345	96.1%
CenCal	25	6.0%	395	94.0%
GCHP	16	4.1%	374	95.9%
HPSJ	12	3.9%	296	96.1%

MCP/PSP	Yes		No	
	n	%	n	%
HPSM	40	10.9%	326	89.1%
Health Net	S	S	S	S
IEHP	S	S	S	S
KHS	S	S	S	S
Kaiser NorCal	18	6.6%	256	93.4%
Kaiser SoCal	S	S	S	S
L.A. Care	12	4.3%	264	95.7%
Molina	13	4.4%	280	95.6%
Partnership	16	4.5%	339	95.5%
RCHSD	S	S	S	S
SCFHP	15	3.5%	418	96.5%
SFHP	63	14.4%	373	85.6%
UHC	S	S	S	S

Got Help with Non-Medical Concerns

Parents or caretakers of child members were asked how often they got help from their child's personal doctor or health plan for non-medical concerns when they needed it (Question 47). Table C.14 shows the results for this question.

Table C.14—Got Help with Non-Medical Concerns

Please note: Results presented in this table are based on respondents who answered “Yes” to Question 46, that they talked about getting help for non-medical issues.

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule's de-identification standard.

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
AAH	S	S	S	S	S	S	21	61.8%
Aetna	S	S	S	S	S	S	S	S
Anthem Blue Cross	S	S	S	S	S	S	S	S
Blue Shield Promise	S	S	S	S	S	S	S	S

APPENDIX C: SUPPLEMENTAL ITEMS RESULTS

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
CCAH	S	S	S	S	S	S	S	S
CCHP	S	S	S	S	S	S	S	S
CHG	S	S	S	S	S	S	S	S
CHW	S	S	S	S	S	S	S	S
CalOptima	S	S	S	S	S	S	S	S
CalViva	S	S	S	S	S	S	S	S
CenCal	S	S	S	S	S	S	12	50.0%
GCHP	S	S	S	S	S	S	S	S
HPSJ	S	S	S	S	S	S	S	S
HPSM	S	S	S	S	S	S	22	55.0%
Health Net	S	S	S	S	S	S	S	S
IEHP	S	S	S	S	S	S	S	S
KHS	S	S	S	S	S	S	S	S
Kaiser NorCal	S	S	S	S	S	S	S	S
Kaiser SoCal	S	S	S	S	S	S	S	S
L.A. Care	S	S	S	S	S	S	S	S
Molina	S	S	S	S	S	S	S	S
Partnership	S	S	S	S	S	S	S	S
RCHSD	S	S	S	S	S	S	S	S
SCFHP	S	S	S	S	S	S	S	S
SFHP	S	S	20	32.8%	S	S	25	41.0%
UHC	S	S	S	S	S	S	S	S

Child Received Care from Multiple Providers or Used Multiple Health Care Services

Parents or caretakers of child members were asked if their child got care from more than one kind of health care provider or used more than one kind of health care service (Question 48). Table C.15 shows the results for this question.

Table C.15—Child Received Care from Multiple Providers or Used Multiple Health Care Services

An “S” indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule’s de-identification standard.

MCP/PSP	Yes		No	
	n	%	n	%
AAH	30	8.8%	309	91.2%
Aetna	29	11.3%	227	88.7%
Anthem Blue Cross	30	11.5%	232	88.5%
Blue Shield Promise	36	12.2%	260	87.8%
CCAH	39	10.4%	337	89.6%
CCHP	33	9.9%	300	90.1%
CHG	35	11.4%	271	88.6%
CHW	41	13.6%	261	86.4%
CalOptima	38	11.0%	309	89.0%
CalViva	37	10.5%	315	89.5%
CenCal	64	15.5%	349	84.5%
GCHP	50	13.0%	334	87.0%
HPSJ	28	9.2%	277	90.8%
HPSM	54	14.9%	309	85.1%
Health Net	28	8.5%	303	91.5%
IEHP	43	13.8%	269	86.2%
KHS	33	10.6%	277	89.4%
Kaiser NorCal	35	12.9%	237	87.1%
Kaiser SoCal	40	13.1%	266	86.9%
L.A. Care	15	5.4%	263	94.6%
Molina	22	7.6%	267	92.4%

MCP/PSP	Yes		No	
	n	%	n	%
Partnership	44	12.4%	311	87.6%
RCHSD	S	S	S	S
SCFHP	37	8.6%	395	91.4%
SFHP	59	13.6%	374	86.4%
UHC	22	13.7%	139	86.3%

Needed Help Managing Child's Care Among Different Providers and Services

Parents or caretakers of child members were asked if they needed help from anyone in their child's personal doctor's office or health plan to manage their child's care among the different providers and services (Question 49). Table C.16 shows the results for this question.

Table C.16—Needed Help Managing Child's Care Among Different Providers and Services

Please note: Results presented in this table are based on respondents who answered "Yes" to Question 48, that their child got care from more than one kind of provider or service.

An "S" indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule's de-identification standard.

MCP/PSP	Yes		No	
	n	%	n	%
AAH	11	36.7%	19	63.3%
Aetna	S	S	S	S
Anthem Blue Cross	12	44.4%	15	55.6%
Blue Shield Promise	S	S	S	S
CCAH	15	42.9%	20	57.1%
CCHP	12	36.4%	21	63.6%
CHG	S	S	S	S
CHW	16	43.2%	21	56.8%
CalOptima	14	37.8%	23	62.2%
CalViva	12	35.3%	22	64.7%
CenCal	21	35.0%	39	65.0%
GCHP	18	39.1%	28	60.9%

MCP/PSP	Yes		No	
	n	%	n	%
HPSJ	S	S	S	S
HPSM	19	35.8%	34	64.2%
Health Net	S	S	S	S
IEHP	S	S	S	S
KHS	S	S	S	S
Kaiser NorCal	S	S	S	S
Kaiser SoCal	S	S	S	S
L.A. Care	S	S	S	S
Molina	S	S	S	S
Partnership	19	44.2%	24	55.8%
RCHSD	S	S	S	S
SCFHP	16	45.7%	19	54.3%
SFHP	31	54.4%	26	45.6%
UHC	S	S	S	S

Transportation Help

Parents or caretakers of child members were asked how often help with transportation from their child's health plan met their and their child's needs (Question 51). Table C.17 shows the results for this question.

Table C.17—Transportation Help

An "S" indicates fewer than 11 responses exist in the numerator of this measure. HSAG suppressed displaying the number in this report to satisfy the HIPAA of 1996 Privacy Rule's de-identification standard.

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
AAH	122	91.0%	S	S	S	S	S	S
Aetna	S	S	S	S	S	S	S	S
Anthem Blue Cross	110	90.9%	S	S	S	S	S	S
Blue Shield Promise	101	89.4%	S	S	S	S	S	S
CCAH	S	S	S	S	S	S	S	S

APPENDIX C: SUPPLEMENTAL ITEMS RESULTS

MCP/PSP	Never		Sometimes		Usually		Always	
	n	%	n	%	n	%	n	%
CCHP	S	S	S	S	S	S	S	S
CHG	S	S	S	S	S	S	S	S
CHW	106	89.8%	S	S	S	S	S	S
CalOptima	S	S	S	S	S	S	S	S
CalViva	125	91.2%	S	S	S	S	S	S
CenCal	132	89.2%	S	S	S	S	S	S
GCHP	129	90.2%	S	S	S	S	S	S
HPSJ	S	S	S	S	S	S	S	S
HPSM	96	88.9%	S	S	S	S	S	S
Health Net	113	90.4%	S	S	S	S	S	S
IEHP	S	S	S	S	S	S	S	S
KHS	117	88.6%	S	S	S	S	S	S
Kaiser NorCal	S	S	S	S	S	S	S	S
Kaiser SoCal	S	S	S	S	S	S	S	S
L.A. Care	S	S	S	S	S	S	S	S
Molina	85	84.2%	S	S	S	S	S	S
Partnership	S	S	S	S	S	S	S	S
RCHSD	S	S	S	S	S	S	S	S
SCFHP	S	S	S	S	S	S	S	S
SFHP	160	87.9%	11	6.0%	S	S	S	S
UHC	S	S	S	S	S	S	S	S