



phone 202.955.3500 **fax** 202.955.3599 www.ncqa.org

November 16, 2020

Dear Colleague:

NCQA is pleased to present the HEDIS^{®1} MY 2020 *Volume 3: Technical Update*. With this memo, NCQA freezes the technical specifications for Volume 3.

This update includes changes to the technical specifications and surveys. The CAHPS survey was updated from the 5.0H version to the 5.1H version. The updated surveys (included as attachments to this memo) reflect the increased use of telehealth; some questions were revised to include phone and video visits.

All references to 5.0H in Volume 3 are now outdated and will be changed to 5.1H in the next release of Volume 3. To reduce burden, we are not including all of these edits in the update memo.

Review all items below and incorporate them into your implementation processes. NCQA-Certified HEDIS Survey Vendors will consider these documents to be part of the specifications.

If you have questions about information included in the *Technical Update* or about other measure specifications, contact us through My NCQA (https://my.ncqa.org/). We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA Director, Policy

Enclosure

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

HEDIS MY 2020 Volume 3: Specification Updates

This document contains corrections, policy changes and clarifications to the HEDIS MY 2020 *Volume 3, Technical Specifications for Survey Measures.* NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update
55	Calculation of HEDIS CAHPS Survey Results	Table S-4: CAHPS Rating Questions	Replace the text for Q22 with: We want to know your rating of the specialist you talked to most often in the last 12 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 the specialist?
55	Calculation of HEDIS CAHPS Survey Results	Table S-5: CAHPS Composite Questions	Replace the text for Q6 with: In the last 12 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
56	Calculation of HEDIS CAHPS Survey Results	Table S-5: CAHPS Composite Questions	Replace the text for Q20 with: In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?
57	Calculation of HEDIS CAHPS Survey Results	Table S-6: Question Summary Rates	Replace the text for Q6 with: In the last 12 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
57	Calculation of HEDIS CAHPS Survey Results	Table S-6: Question Summary Rates	Replace the text for Q20 with: In the last 12 months, how often did you get an appointment with a specialist as soon as you needed?
58	Calculation of HEDIS CAHPS Survey Results	Table S-6: Question Summary Rates	Replace the text for Q22 with: We want to know your rating of the specialist you talked to most often in the last 12 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 the specialist?
1-1	Appendix 1	CAHPS 5.0H Adult Questionnaire (Commercial)	Replace the questionnaire with Attachment A.
2-1	Appendix 2	CAHPS 5.0H Adult Questionnaire (Medicaid)	Replace the questionnaire with Attachment B.
3-1	Appendix 3	CAHPS 5.0H Child Questionnaire (With CCC Measure)	Replace the questionnaire with Attachment C.
4-1	Appendix 4	CAHPS 5.0H Child Questionnaire (Without CCC Measure)	Replace the questionnaire with Attachment D.

Attachment A

CAHPS® 5.1H Adult Questionnaire (Commercial) SURVEY INSTRUCTIONS

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

\checkmark	Yes	→If Yes, Go to Question 1	
П	Nο		

{This box should be placed on the Cover Page}

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 {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

1. Our records show that you are now in {INSERT HEALTH PLAN NAME}.	YOUR HEALTH CARE IN THE LAST 12 MONTHS		
Is that right? ¹□ Yes →If Yes, Go to Question 3 ²□ No	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		
2. What is the name of your health plan? (Please print)	video. Do <u>not</u> include care you got when you stayed overnight in a hospital. Do <u>not</u> include the times you went for dental care visits.		
	3. In the last 12 months, did you have an illness, injury, or condition that needed care right away? ¹□ Yes ²□ No →If No, Go to Question 5		
	4. In the last 12 months, when you needed care right away, how often did you get care as soon as you needed? 1 Never 2 Sometimes 3 Usually 4 Always		
	 5. In the last 12 months, did you make any in person, phone, or video appointments for a check-up or routine care? ¹□ Yes ²□ No → If No, Go to Question 7 		
	6. In the last 12 months, how often did you get an appointment for a checkup or routine care as soon as you needed? 1 Never 2 Sometimes 3 Usually 4 Always		

7.	In the last 12 months, <u>not</u> counting	YOUR PERSONAL DOCTOR
	the times you went to an emergency	
	room, how many times did you get	10. A personal doctor is the one you
	health care for yourself in person,	would talk to if you need a check-
	by phone, or by video?	up, want advice about a health
	□ None → If None, Go to	problem, or get sick or hurt. Do
	Question 10	you have a personal doctor?
	¹□ 1 time	¹□ Yes
	2□ 2	² □ No →If No, Go to Question 19
	₃□ 3	11. In the last 12 months, how many
	⁴ □ 4	times did you have an in person,
	5 to 9	phone, or video visit with your
		personal doctor about your health?
	⁶ ☐ 10 or more times	∘□ None →If None, Go to
8.	Using any number from 0 to 10,	Question 18
Ο.	where 0 is the worst health care	¹□ 1 time
	possible and 10 is the best health	
	care possible, what number would	² 2
	you use to rate all your health care	₃□ 3
	in the last 12 months?	4□ 4
	[∞] 0 Worst health care possible	₅ □ 5 to 9
	⁰¹ 1	⁶ □ 10 or more times
	⁰² 2	
	03 □ 3	12. In the last 12 months, how often
	04 \ 4	did your personal doctor explain
	<u> </u>	things in a way that was easy to
	⁰⁵	understand?
	oe □ 6	¹□ Never
	07 7	² □ Sometimes
	08 □ 8	³□ Usually
	09 🔲 9	⁴□ Always
	10 Dest health care possible	13. In the last 12 months, how often
^	In the last 42 months, how often	did your personal doctor listen
9.	In the last 12 months, how often	carefully to you?
	was it easy to get the care, tests, or treatment you needed?	¹□ Never
	¹□ Never	²□ Sometimes
	_	_
	² ☐ Sometimes	³□ Usually
	³□ Usually	⁴□ Always
	⁴ □ Always	

 14. In the last 12 months, how often did your personal doctor show respect for what you had to say? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ 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? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
15. In the last 12 months, how often did your personal doctor spend enough time with you? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always	02
16. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor? ¹□ Yes ²□ No →If No, Go to Question 18	□ 9 □ 10 Best personal doctor possi
 17. In the last 12 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? 1 Never 2 Sometimes 3 Usually 4 Always 	

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, include the care you got in person, by phone, or by video. Do <u>not</u> 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 12 months, did you make any appointments with a specialist? ¹☐ Yes 2☐ No →If No, Go to Question 23
20.	In the last 12 months, how often did you get an appointment with a specialist as soon as you needed? 1 Never 2 Sometimes 3 Usually 4 Always
21.	How many specialists have you talked to in the last 12 months? □ None →If None, Go to Question 23 □ 1 specialist □ 2 □ 3 □ 3 □ 4 □ 4 □ 5 or more specialists

22. We want to know your rating of the specialist you talked to most often in the last 12 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?

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

YOUR HEALTH PLAN

The next questions ask about your

The next questions ask about your experience with your health plan.	claims yourself, or doctors, hospitals, or others may do this for
 23. In the last 12 months, did you get information or help from your health plan's customer service? ¹□ Yes ²□ No →If No, Go to Question 26 	you. In the last 12 months, did you or anyone else send in any claims for your care to your health plan? ¹□ Yes 2□ No →If No, Go to Question 31 3□ Don't know →If Don't know, Go
24. In the last 12 months, how often did your health plan's customer	to Question 31
service give you the information or help you needed? 1 Never 2 Sometimes 3 Usually 4 Always	29. In the last 12 months, how often did your health plan handle your claims quickly? 1 Never 2 Sometimes 3 Usually 4 Always
25. In the last 12 months, how often did your health plan's customer	₅□ Don't know
service staff treat you with courtesy and respect? 1 Never 2 Sometimes 3 Usually 4 Always	30. In the last 12 months, how often did your health plan handle your claims correctly? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always
26. In the last 12 months, did your health plan give you any forms to fill out? ¹□ Yes ²□ No →If No, Go to Question 28	□ Don't know
27. In the last 12 months, how often were the forms from your health plan easy to fill out? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always	

28. Claims are sent to a health plan for payment. You may send in the

31. Using any number from 0 to 10,	ABOUT YOU		
81. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan? 0	32. In general, how would you rate your overall health? Excellent Very Good Good Fair Poor 33. In general, how would you rate your overall mental or emotional health? Excellent Very Good Good Fair Poor 34. Have you had either a flu shot or flu spray in the nose since July 1, 2020? Yes No Don't know 35. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? Every day Some days		
	² Some days ³ Not at all →If Not at all,		

36. In the last 12 months, how often	39. What is your age?
were you advised to quit smoking	¹□ 18 to 24
or using tobacco by a doctor or	²□ 25 to 34
other health provider in your plan?	_
¹□ Never	
² ☐ Sometimes	⁴ □ 45 to 54
³□ Usually	5□ 55 to 64
⁴ □ Always	⁶ □ 65 to 74
Always	⁷ □ 75 or older
37. In the last 12 months, how often	
was medication recommended or	40. Are you male or female?
discussed by a doctor or health	¹□ Male
provider to assist you with quitting	² □ Female
smoking or using tobacco?	
Examples of medication are:	41. What is the highest grade or level
nicotine gum, patch, nasal spray,	of school that you have
inhaler, or prescription medication.	completed?
¹☐ Never	¹☐ 8th grade or less
² Sometimes	² ☐ Some high school, but did not
³□ Usually	graduate
^₄ □ Always	³☐ High school graduate or GED
	⁴ ☐ Some college or 2-year degree
38. In the last 12 months, how often	⁵□ 4-year college graduate
did your doctor or health provider discuss or provide methods and	⁶ ☐ More than 4-year college degree
strategies other than medication to	iviore triair 4-year college degree
assist you with quitting smoking or	
using tobacco? Examples of	
methods and strategies are:	
telephone helpline, individual or	
group counseling, or cessation	
program.	
¹□ Never	
² ☐ Sometimes	
³□ Usually	
⁴ □ Always	
— / liwayo	

42. Are you of Hispanic or Latino origin or descent?	43. What is your race? Mark one of more.			
¹☐ Yes, Hispanic or Latino	^a □ White			
² ☐ No, Not Hispanic or Latino	^b □ Black or African-American			
	∘□ Asian			
	[□] Native Hawaiian or other			
	Pacific Islander			
	∘□ American Indian or Alaska			
	Native			
	^f □ Other			

THANK YOU

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

Attachment B

CAHPS® 5.1H Adult Questionnaire (Medicaid) SURVEY INSTRUCTIONS

	Van Ni Van On to Overtion 4
	you will see an arrow with a note that tells you what question to answer next, like this:
2	. You are sometimes told to skip over some questions in this survey. When this happens
1.	. Answer each question by marking the box to the left of your answer.

✓ Yes →If Yes, Go to Question 1□ No

{This box should be placed on the Cover Page}

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 {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

I. Our records show that you are now in {INSERT HEALTH PLAN NAME/	YOUR HEALTH CARE IN THE LAST 6 MONTHS			
STATE MEDICAID PROGRAM NAME}. Is that right? ¹☐ Yes → If Yes, Go to Question 3 ²☐ No 2. What is the name of your health plan? (Please print)	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.			
	 In the last 6 months, did you have an illness, injury, or condition that needed care right away? ¹□ Yes ²□ No →If 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? 1 Never 2 Sometimes 3 Usually 4 Always			
	 5. In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care? ¹□ Yes ²□ No →If No, Go to Question 7 			
	6. In the last 6 months, how often did you get an appointment for a checkup or routine care as soon as you needed? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always			

7.	In the last 6 months, <u>not</u> counting		YOUR PERSONAL DOCTOR
	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? ⁰ □ None →If None, Go to Question 10 ¹ □ 1 time ² □ 2	w u p 1[personal doctor is the one you ould talk to if you need a checkp, want advice about a health roblem, or get sick or hurt. Do ou have a personal doctor? ☐ Yes ☐ No → If No, Go to Question 19
8.	3	11. In til pl pc 0[1[2[4[5[the last 6 months, how many mes did you have an in person, hone, or video visit with your ersonal doctor about your health? None →If None, Go to Question 18 1 time 2 3 4 5 to 9 10 or more times
9.	2	ye th ui 1[2[4[13. In ye ca 1[2[3[the last 6 months, how often did our personal doctor explain nings in a way that was easy to inderstand? Never Sometimes Usually Always the last 6 months, how often did our personal doctor listen arefully 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? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always 15. In the last 6 months, how often did your personal doctor spend 	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? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
enough time with you? 1 Never 2 Sometimes 3 Usually 4 Always	04
 16. In the last 6 months, did you get care from a doctor or other health provider besides your personal doctor? ¹□ Yes ²□ No →If No, Go to Question 18 	⁰⁹ □ 9 ¹⁰ □ 10 Best personal doctor possible
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? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always	

GETTING HEALTH CARE FROM SPECIALISTS

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

19.	doc doc of h did with	ecialists are doctors like geons, heart doctors, allergy stors, skin doctors, and other stors who specialize in one area lealth care. In the last 6 months, you make any appointments a specialist? Yes No →If No, Go to Question 23
20.		ne last 6 months, how often did
		get an appointment with a cialist as soon as you needed?
	•	Never
	2	Sometimes
		Usually
	4	Always
21.		v many specialists have you ed to in the last 6 months?
	0	None → If None, Go to Question 23
		1 specialist
	2	
	3 4 	•
		5 or more specialists
		c coro oposianoto

22.	specin the num	cialiste last specialist specialist of the speci	t to know st you to st 6 mon from 0 to ecialist special would y st? Worst sp	alked to nths. Us to 10, w possib ist possible ou use	o most of sing and where 0 ble and sible, we to rate	often y is the 10 is /hat that
	09	9	Best spe	cialist p	ossible	

YOUR HEALTH PLAN

YOUR HEALTH PLAN	27. In the last 6 months, now often
The next questions ask about your experience with your health plan.	were the forms from your health plan easy to fill out? Description Never
23. In the last 6 months, did you get information or help from your health plan's customer service? ¹□ Yes	² □ Sometimes ³ □ Usually ⁴ □ Always
 No →If 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 	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? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? 1 Never 2 Sometimes 3 Usually 4 Always	06
26. In the last 6 months, did your health plan give you any forms to fill out? ¹☐ Yes ²☐ No →If No, Go to Question 28	

ABOUT YOU

ABOUT YOU	33. In the last 6 months, how often			
29. In general, how would you rate your overall health? 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor	were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan? 1 Never 2 Sometimes 3 Usually 4 Always 34. In the last 6 months, how often was			
30. In general, how would you rate your overall mental or emotional health? 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor	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			
31. Have you had either a flu shot or flu spray in the nose since July 1, 2020? ¹☐ Yes ²☐ No ³☐ Don't know 32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? ¹☐ Every day ²☐ Some days ³☐ Not at all → If Not at all, Go to Question 36 ⁴☐ Don't know → If Don't know, Go to Question 36	 3 ☐ Usually 4 ☐ 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. 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always 			

36. What is your age?	39. Are you of Hispanic or Latino
¹☐ 18 to 24	origin or descent?
² □ 25 to 34	¹☐ Yes, Hispanic or Latino
³□ 35 to 44	² ☐ No, Not Hispanic or Latino
⁴ □ 45 to 54	40. What is your race? Mark one or
⁵ □ 55 to 64	more.
⁶ □ 65 to 74	^a □ White
⁷ ☐ 75 or older	□ Black or African-American
37. Are you male or female? ¹□ Male	□ Asian □ Native Hawaiian or other Pacific Islander
² □ Female	•☐ American Indian or Alaska Native
38. What is the highest grade or level of school that you have completed?	^f □ Other
¹☐ 8th grade or less	
² ☐ Some high school, but did not graduate	
³☐ High school graduate or GED	
⁴ ☐ Some college or 2-year degree	
⁵☐ 4-year college graduate	
⁶ ☐ More than 4-year college degree	

THANK YOU

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

Attachment C

CAHPS® 5.1H Child Questionnaire (With CCC Measure) SURVEY INSTRUCTIONS

•	Answer each	question I	by marking	the box to t	the left of vou	r answer.

•	You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:					
	_	Yes No	→If Yes, Go to Question 1			

{This box should be placed on the Cover Page}

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 {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

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

1.	Our records show that your child is now in {INSERT STATE MEDICAID PROGRAM NAME}. Is that right? ¹□ Yes →If Yes, Go to Question 3 ²□ No
2.	What is the name of your child's health plan? (please print)

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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

Ca	Care visits.		
3.	In the last 6 months, did your child have an illness, injury, or condition that needed care right away? ¹□ Yes ²□ No →If No, Go to Question 5		
4.	In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed? 1 Never 2 Sometimes 3 Usually 4 Always		
5.	In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child? ¹☐ Yes ²☐ No →If No, Go to Question 7		

6. In the last 6 months, how often did you get an appointment for a checkup or routine care for your child as soon as your child needed? 1 Never 2 Sometimes 3 Usually 4 Always	9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months? □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video? □□ None →If None, Go to Question 11 □□ 1 time □□□ 2 □□□ 3 □□□ 3 □□□ 5 to 9 □□□ 10 or more times	03 ☐ 3 04 ☐ 4 05 ☐ 5 06 ☐ 6 07 ☐ 7 08 ☐ 8 09 ☐ 9 10 ☐ 10 Best health care possible 10. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed? 1 ☐ Never
8. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers? 1 Never 2 Sometimes 3 Usually 4 Always	 2 Sometimes 3 Usually 4 Always 11. Is your child now enrolled in any kind of school or daycare? 1 Yes 2 No → If No, Go to Question 14

12. In the last 6 months, did you need	SPECIALIZED SERVICES
your child's doctors or other health providers to contact a school or daycare center about your child's health or health care? ¹☐ Yes ²☐ No → If No, Go to Question 14 13. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare? ¹☐ Yes ²☐ No	 14. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child? ¹☐ Yes ²☐ No →If No, Go to Question 17 15. In the last 6 months, how often was it easy to get special medical equipment or devices for your child? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always 16. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child? ¹☐ Yes ²☐ No 17. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child? ¹☐ Yes ²☐ No →If No, Go to Question 20

18. In the last 6 months, how often was it easy to get this therapy for your child? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always	23. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service? ¹□ Yes ²□ No →If No, Go to Question 25
 19. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child? ¹□ Yes ²□ No 	24. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services? ¹□ Yes
 20. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem? ¹□ Yes ²□ No →If No, Go to Question 23 	² □ No
21. In the last 6 months, how often was it easy to get this treatment or counseling for your child? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always	
22. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child? ¹□ Yes ²□ No	

YOUR CHILD'S PERSONAL DOCTOR

YOUR CHILD'S PERSONAL DOCTOR	29. In the last 6 months, how often did
25. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor? 1 Yes	your child's personal doctor show respect for what you had to say? 1 Never 2 Sometimes 3 Usually 4 Always
2 No → If No, Go to Question 40 26. 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? Done → If None, Go to Question 36 Done → If None →	 30. Is your child able to talk with doctors about his or her health care? ¹☐ Yes ²☐ No →If No, Go to Question 32 31. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand? ¹☐ Never ²☐ Sometimes ³☐ Usually
27. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand? 1 Never 2 Sometimes 3 Usually 4 Always	 4 ☐ Always 32. In the last 6 months, how often did your child's personal doctor spend enough time with your child? 1 ☐ Never 2 ☐ Sometimes 3 ☐ Usually 4 ☐ Always
28. In the last 6 months, how often did your child's personal doctor listen carefully to you? 1 Never 2 Sometimes 3 Usually 4 Always	33. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving? ¹☐ Yes ²☐ No

34.	In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor? ¹□ Yes ²□ No →If No, Go to Question 36	37. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months? ¹□ Yes ²□ No →If No, Go to Question 40
	In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers? Never	38. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life? ¹☐ Yes ²☐ No 39. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life? ¹☐ Yes ²☐ No

GETTING HEALTH CARE FROM SPECIALISTS

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

a no	ospitai.
40.	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? ¹□ Yes ²□ No →If No, Go to Question 44
41.	In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed? 1 Never 2 Sometimes 3 Usually 4 Always
42.	How many specialists has your child talked to in the last 6 months? O None → If None, Go to Question 44 O 1 specialist O 2 3 3 3 O 3 4 4 4 O 5 5 or more specialists
	•

43.	special often in	nt to know your rating of the ist your child talked to most the last 6 months. Using mber from 0 to 10, where 0
	is the w 10 is th what no	vorst specialist possible and e best specialist possible, umber would you use to rate
	that specific or 0	ecialist? Worst specialist possible
	09 9	Best specialist possible

YOUR CHILD'S HEALTH PLAN

YOUR CHILD'S HEALTH PLAN	48. In the last 6 months, how often
The next questions ask about your experience with your child's health plan.	were the forms from your child's health plan easy to fill out? 1 Never 2 Sometimes
 44. In the last 6 months, did you get information or help from customer service at your child's health plan? ¹□ Yes ²□ No →If No, Go to Question 47 45. In the last 6 months, how often did 	3 ☐ Usually 4 ☐ Always 49. 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
customer service at your child's health plan give you the information or help you needed? 1 Never 2 Sometimes 3 Usually 4 Always	you use to rate your child's health plan? Our Output Worst health plan possible Our Output
46. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always	05 ☐ 5 06 ☐ 6 07 ☐ 7 08 ☐ 8 09 ☐ 9 10 ☐ 10 Best health plan possible
47. In the last 6 months, did your child's health plan give you any forms to fill out? ¹☐ Yes ²☐ No →If No, Go to Question 49	

ABOUT YOUR CHILD AND YOU

PRESCRIPTION MEDICINES

	In the last 6 months, did you get or refill any prescription medicines for your child? ¹□ Yes ²□ No →If No, Go to Question 53	53.	In general, how would you rate your child's overall health? 1 Excellent 2 Very Good 3 Good 4 Fair
51.	In the last 6 months, how often was it easy to get prescription medicines for your child through		5☐ Poor
52	his or her health plan? 1 Never 2 Sometimes 3 Usually 4 Always Did anyone from your child's	54.	In general, how would you rate your child's overall mental or emotional health? 1 Excellent 2 Very Good 3 Good 4 Fair
JZ.	health plan, doctor's office, or clinic help you get your child's		5☐ Poor
	prescription medicines? 1 Yes 2 No	55.	Does your child currently need or use medicine prescribed by a doctor (other than vitamins)? ¹☐ Yes ²☐ No →If No, Go to Question 58
		56.	Is this because of any medical, behavioral, or other health condition? ¹☐ Yes ²☐ No →If No, Go to Question 58
		57.	Is this a condition that has lasted or is expected to last for at least 12 months? ¹ Yes ² No

58.	Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age? 1 Yes	64.	Does your child need or get special therapy such as physical, occupational, or speech therapy? ¹☐ Yes ²☐ No →If No, Go to Question 67
59.	² No → If No, Go to Question 61 Is this because of any medical, behavioral, or other health condition? ¹ Yes	65.	Is this because of any medical, behavioral, or other health condition? ¹□ Yes ²□ No →If No, Go to Question 67
60.	² No → If No, Go to Question 61 Is this a condition that has lasted or is expected to last for at least 12	66.	Is this a condition that has lasted or is expected to last for at least 12 months? 1 Yes
	months? ¹□ Yes ²□ No	67.	² □ No Does your child have any kind of emotional, developmental, or
61.	Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do? ¹□ Yes ²□ No →If No, Go to Question 64	62	behavioral problem for which he or she needs or gets treatment or counseling? ¹□ Yes ²□ No → If No, Go to Question 69 Has this problem lasted or is it
62.	Is this because of any medical, behavioral, or other health condition? ¹☐ Yes ²☐ No →If No, Go to Question 64		expected to last for at least 12 months? 1 Yes 2 No What is your child's age?
63.	Is this a condition that has lasted or is expected to last for at least 12 months?		□ Less than 1 year old □ YEARS OLD (write in)
	¹□ Yes ²□ No	70.	Is your child male or female? ¹☐ Male ²☐ Female

 71. Is your child of Hispanic or Latino origin or descent? ¹☐ Yes, Hispanic or Latino ²☐ No, not Hispanic or Latino 	75. What is the highest grade or level of school that you have completed? 1 8th grade or less
72. What is your child's race? Mark one or more. a □ White □ Black or African-American □ Asian □ Native Hawaiian or other Pacific	 ² ☐ Some high school, but did not graduate ³ ☐ High school graduate or GED ⁴ ☐ Some college or 2-year degree ⁵ ☐ 4-year college graduate ⁶ ☐ More than 4-year college degree
Islander e ☐ American Indian or Alaska Native f ☐ Other 73. What is your age? □ ☐ Under 18 □ ☐ 18 to 24 □ ☐ 25 to 34 □ ☐ 35 to 44 □ ☐ 45 to 54 □ ☐ 55 to 64 □ ☐ 65 to 74 □ ☐ 75 or older	76. How are you related to the child? 1 Mother or father 2 Grandparent 3 Aunt or uncle 4 Older brother or sister 5 Other relative 6 Legal guardian 7 Someone else
74. Are you male or female? ¹☐ Male ²☐ Female	

THANK YOU

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

Attachment D

CAHPS® 5.1H Child Questionnaire (Without CCC Measure) SURVEY INSTRUCTIONS

•	Answer each	auestion by	marking the	box to the I	eft of vour	answer.

•	You are sometimes told to skip over some questions in this survey. When this happens				
	you will see an arrow with a note that tells you what question to answer next, like this:				
	☑ Yes	→If Yes, Go to Question 1			
	□ No				

{This box should be placed on the Cover Page}

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 {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.

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

1.	Our records show that your child is now in {INSERT STATE MEDICAID PROGRAM NAME}. Is that right?			
	¹☐ Yes →If Yes, Go to Question 3 ²☐ No			
2.	What is the name of your child's health plan? (please print)			

YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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

In the last 6 months, did your child have an illness, injury, or condition that needed care right away? ¹□ Yes ²□ No → If No, Go to Question 5
In the last 6 months, when your child
needed care right away, how often
did your child get care as soon as he
or she needed?
¹□ Never
² □ Sometimes
³☐ Usually
⁴ □ Always
In the last 6 months, did you make any in person, phone, or video appointments for a check-up or routine care for your child? 1 Yes 2 No If No. Go to Question 7

6.	In the last 6 months, how often did you get an appointment for a checkup or routine care for your child as soon as your child needed? 1 Never 2 Sometimes 3 Usually 4 Always	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 child's health care in the last 6 months? Output Description:
7.	In the last 6 months, <u>not</u> counting the times your child went to an emergency room, how many times did he or she get health care in person, by phone, or by video? □ None → If None, Go to	9.	3

14. In the last 6 months, how often did your child's personal doctor show

YOUR CHILD'S PERSONAL DOCTOR

 10. A personal doctor is the one your child would talk to if he or she needs a check-up, has a health problem or gets sick or hurt. Does your child have a personal doctor? ¹☐ Yes ²☐ No → If No, Go to Question 22 11. In the last 6 months, how many times did your child have an in person, phone, or video visit with his 	respect for what you had to say? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always 15. Is your child able to talk with doctors about his or her health care? ¹□ Yes ²□ No →If No, Go to Question 17
or her personal doctor? □ None → If None, Go to Question 21 □ 1 time □ 2 □ 2 □ 3 □ 3 □ 4 □ 4 □ 4 □ 5 □ 5 to 9 □ 10 or more times	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? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always
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? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always	 17. In the last 6 months, how often did your child's personal doctor spend enough time with your child? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always 18. In the last 6 months, did your child's personal doctor talk with your shout.
13. In the last 6 months, how often did your child's personal doctor listen carefully to you? ¹☐ Never ²☐ Sometimes ³☐ Usually ⁴☐ Always	personal doctor talk with you about how your child is feeling, growing, or behaving? 1 Yes 2 No

19. In the last 6 months, did your child get care from a doctor or other	GETTING HEALTH CARE FROM SPECIALISTS		
health provider besides his or her personal doctor? ¹☐ Yes ²☐ No → If No, Go to Question 21	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.		
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? 1 Never 2 Sometimes 3 Usually 4 Always	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? ¹□ Yes ²□ No →If No, Go to Question 26		
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	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? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always 24. How many specialists has your child talked to in the last 6 months? °□ None →If None, Go to Question 26 ¹□ 1 specialist ²□ 2 ³□ 3 ⁴□ 4 ⁵□ 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?	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? ¹□ Yes		
	00 ☐ 0 Worst specialist possible	² □ No →If No, Go to Question 29		
	01	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? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always 28. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect? ¹□ Never ²□ Sometimes ³□ Usually ⁴□ Always 29. In the last 6 months, did your child's health plan give you any forms to fill out? ¹□ Yes ²□ No →If No, Go to Question 31		

30. In the last 6 months, how often were	ABOUT YOUR CHILD AND YOU
the forms from your child's health plan	
easy to fill out? ¹□ Never	32. In general, how would you rate your child's overall health?
²☐ Sometimes	¹□ Excellent
_	² □ Very Good
³☐ Usually	³□ Good
⁴□ Always	4□ Fair
31. Using any number from 0 to 10,	
where 0 is the worst health plan	5□ Poor
possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	33. In general, how would you rate your child's overall mental or emotional health? ¹□ Excellent
[∞] □ 0 Worst health plan possible	² □ Very Good
⁰¹ 1	³□ Good
02 2	4□ Fair
03 🗖 3	5 Poor
04 🔲 4	
05 🗖 5	34. What is <u>your child's</u> age?
06 □ 6	[∞] □ Less than 1 year old
⁰⁷ 7	YEARS OLD (write in)
08 □ 8	25 la vave abild mala as famala?
∘ □ 9	35. Is your child male or female? ¹□ Male
¹0 ☐ 10 Best health plan possible	
·	²□ Female
	36. Is your child of Hispanic or Latino origin or descent?
	¹☐ Yes, Hispanic or Latino
	² ☐ No, not Hispanic or Latino
	Tro, not moparite of Eating

37.	What is your child's race? Mark one or more.	40.	What is the highest grade or level of school that you have completed?
	^a □ White		¹□ 8th grade or less
	 □ Black or African-American □ Asian □ Native Hawaiian or other 		 ² ☐ Some high school, but did not graduate ³ ☐ High school graduate or GED
	Pacific Islander		⁴ ☐ Some college or 2-year degree
	^e ☐ American Indian or Alaska Native		⁵□ 4-year college graduate
	^f □ Other		⁶ ☐ More than 4-year college degree
38.	What is <u>your</u> age?	41.	How are you related to the child?
	⁰ □ Under 18		¹ ☐ Mother or father
	¹□ 18 to 24		² ☐ Grandparent
	² □ 25 to 34		³ ☐ Aunt or uncle
	³ ☐ 35 to 44		⁴ ☐ Older brother or sister
	⁴ 45 to 54		⁵ ☐ Other relative
	⁵ □ 55 to 64		[∈] □ Legal guardian
	⁶ □ 65 to 74		⁷ ☐ Someone else
	⁷ ☐ 75 or older		
39.	Are you male or female?		
	¹□ Male		
	² ☐ Female		

THANK YOU

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